ORIGINAL-

Application Vanderbilt University Hospitals

CN1309-034

VANDERBILT UNIVERSITY MEDICAL CENTER

Business Development

SEP 13 '13 AM 11:27

September 13, 2013

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Frost Building, 3rd Floor
161 Rosa L. Parks Boulevard
Nashville, Tennessee 37243

RE: CON Application Submittal

Dear Ms. Hill:

Enclosed please find an original and two copies of a Certificate of Need application to expand and renovate an existing operating suite. A check for the filing fee of $16,917 is also enclosed.

Please advise me of any additional information you may need.

Respectfully,

Ronald W. Hill

Ronald W. Hill, MPH.
Vice President, Business Development

3319 West End Avenue
Suite 920 Crystal Terrace
Nashville, TN 37203

www.mc.vanderbilt.edu

1. ***Name of Facility, Agency, or Institution***

Vanderbilt University Hospitals
Name

1211 Medical Center Drive — Davidson
Street or Route — County

Nashville — TN — 37232
City — State — Zip Code

2. ***Contact Person Available for Responses to Questions***

Ronald W. Hill — Vice President, Business Development
Name — Title

Vanderbilt University Medical Center — ron.hill@vanderbilt.edu
Company Name — Email address

3319 West End Ave. Suite 920 — Nashville — TN — 37203
Street or Route — City — State — Zip Code

Vice President in Parent Organization — 615-936-6012 — 615-936-5310
Association with Owner — Phone Number — Fax Number

3. ***Owner of the Facility, Agency or Institution: Attachment A.3***

Vanderbilt University Hospitals — 615-322-3454
Name — Phone Number

1211 Medical Center Drive — Davidson
Street or Route — County

Nashville — TN — 37232
City — State — Zip Code

4. ***Type of Ownership of Control (Check One): Attachment A.4***

A.	Sole Proprietorship		F.	Government (State of TN or Political Subdivision)	
B.	Partnership		G.	Joint Venture	
C.	Limited Partnership		H.	Limited Liability Company	
D.	Corporation(For Profit)		I.	Other (Specify)_____	
E.	Corporation (Not-for-Profit)	X			

5. ***Name of Management/Operating Entity (If Applicable)***

_____
Name

_____ _____
Street or Route County

_____ _____ _____
City State Zip Code

6. ***Legal Interest in the Site of the Institution (Check One): Attachment A.6***

A.	Ownership	X	D.	Option to Lease	
B.	Option to Purchase		E.	Other (Specify) _____	
C.	Lease of _____ Years				

7. ***Type of Institution (Check as appropriate--more than one response may apply)***

A.	Hospital (Specify) acute	X	I.	Nursing Home	
B.	Ambulatory Surgical Treatment Center (ASTC), Multi-Specialty		J.	Outpatient Diagnostic Center	
C.	ASTC, Single Specialty		K.	Recuperation Center	
D.	Home Health Agency		L.	Rehabilitation Facility	
E.	Hospice		M.	Residential Hospice	
F.	Mental Health Hospital		N.	Non-Residential Methadone Facility	
G.	Mental Health Residential Treatment Facility		O.	Birthing Center	
H.	Mental Retardation Institutional Habilitation Facility (ICF/MR)		P.	Other Outpatient Facility (Specify)_____	
			Q.	Other (Specify) _____	

8. **Purpose of Review *(Check) as appropriate--more than one response may apply)***

A.	New Institution		H.	Change in Bed Complement [*Please note the type of change by underlining the appropriate response: Increase, Decrease, Designation, Distribution, Conversion, Relocation]*	
B.	Replacement/Existing Facility				
C.	Modification/Existing Facility	X			
D.	Initiation of Health Care Service as defined in TCA § 68-11-1607(4) (Specify) Ambulatory Surgery				
E.	Treatment Center Discontinuance of OB Services		I.	Change of Location	
F.	Acquisition of Equipment		J.	Other (Specify)_____	
G.					

9. **Bed Complement Data** **Not Applicable; this project does not impact the bed complement.**

Please indicate current and proposed distribution and certification of facility beds.

		Current Licensed	*Beds *CON*	*Staffed Beds*	*Beds Proposed*	*TOTAL Beds at Completion*
A.	Medical					
B.	Surgical					
C.	Long-Term Care Hospital					
D.	Obstetrical					
E.	ICU/CCU					
F.	Neonatal					
G.	Pediatric					
H.	Adult Psychiatric					
I.	Geriatric Psychiatric					
J.	Child/Adolescent Psychiatric					
K.	Rehabilitation					
L.	Nursing Facility (non-Medicaid Certified)					
M.	Nursing Facility Level 1 (Medicaid only)					
N.	Nursing Facility Level 2 (Medicare only)					
O.	Nursing Facility Level 2 (dually certified Medicaid/Medicare)					
P.	ICF/MR					
Q.	Adult Chemical Dependency					
R.	Child and Adolescent Chemical Dependency Swing Beds					
S.	Mental Health Residential Treatment					
T.	Residential Hospice					
U.	**TOTAL**					

10 **Medicare Provider Number** 440039: Acute Care

Certification Type Inpatient facility

11. **Medicaid Provider Number** 440039: Acute Care

Certification Type Inpatient facility

12. **If this is a new facility, will certification be sought for Medicare and/or Medicaid?**

Not Applicable

13. ***Identify all TennCare Managed Care Organizations/Behavioral Health Organizations (MCOs/BHOs) operating in the proposed service area.*** **Will this project involve the treatment of TennCare participants? YES If the response to this item is yes, please identify all MCOs/BHOs with which the applicant has contracted *or plans to contract.***

See Attachment A.13 for existing MCO contracts.

SECTION B: PROJECT DESCRIPTION

I. Provide a brief executive summary of the project not to exceed two pages. Topics to be included in the executive summary are a brief description of proposed services and equipment, ownership structure, service area, need, existing resources, project cost, funding, financial feasibility and staffing.

The proposed project is to add four operating rooms to the existing third floor surgery suites of Vanderbilt University Hospital. Two additional rooms will be developed as shell space to accommodate the potential for future surgical patient volume growth. The expansion is on the third floor of the existing adult hospital and the area of renovation is immediately adjacent to the exiting surgical suites. No major medical equipment will be involved.

Vanderbilt University, by and through its Vanderbilt University Medical Center, owns the Vanderbilt University Hospital facilities. The project will utilize 9,108 square feet of renovated space currently used as a support area.

The planned increase in number of operating rooms is a consequence of high current surgical volume and projections for future growth as patients continue to access the subspecialty surgical care available at Vanderbilt. Patients from an extended service area, including patients from out of state, utilize the facility.

The expected project cost is $7,535,708.64. Funding will be through reserves available to Vanderbilt. The project is expected to show positive cash flow within the first full year of operation given projected volumes.

II. Provide a detailed narrative of the project by addressing the following items as they relate to the proposal

A. Describe the construction, modification and/or renovation of the facility (exclusive of major medical equipment covered by T.C.A. § 68-11-1601 et seq.) including square footage, major operational areas, room configuration, etc. Applicants with hospital projects (construction cost in excess of $5 million) and other facility projects (construction cost in excess of $2 million) should complete the Square Footage and Cost per Square Footage Chart. Other facility projects need only complete Parts B.-E. Please also discuss and justify the cost per square foot for this project.

If the project involves none of the above, describe the development of the proposal.

The proposed project is for construction of four additional operating rooms on the third floor of Vanderbilt University Hospital. In addition to the new operating rooms, the proposal includes shelled construction for two additional operating rooms that will be utilized for future demand. The addition of the operating rooms is needed due to the substantial growth of surgical patient volume at Vanderbilt.

The four operating rooms range between 595 square feet and 616 square feet with the future shell space measuring 2,739 square feet. In addition to the operating rooms, a clean corridor (1,189 square feet) and support space (902 square feet) are included in the project. The total project is 9,108 square feet, which includes 751 square feet of mechanical space and 1,092 square feet of circulation space. Total construction costs will be $4,326,482 or $475.02 per square foot. These costs are believed to be reasonable due to the extensive mechanical and electrical work demanded by this project.

B. Identify the number and type of beds increased, decreased, converted, relocated, designated, and/or redistributed by this application. Describe the reasons for change in bed allocations and describe the impact the bed change will have on the existing services.

Not Applicable

SQUARE FOOTAGE AND COST PER SQUARE FOOTAGE CHART

A. Unit / Department	Existing Location	Existing SF	Temporary Location	Proposed Final Location	Proposed Final Square Footage			Proposed Final Cost/ SF		
					Renovated	New	Total	Renovated	New	Total
OR # 1	n/a	n/a	n/a		614	n/a	614			
OR # 2	n/a	n/a	n/a		616	n/a	616			
OR # 3	n/a	n/a	n/a		595	n/a	595			
OR # 4	n/a	n/a	n/a		610	n/a	610			
Clean Core	n/a	n/a	n/a		1189	n/a	1189			
Shell Space	n/a	n/a	n/a		2739	n/a	2739			
Support Space	n/a	n/a	n/a		902	n/a	902			
B. Unit/Depart. GSF Sub-Total					7265	n/a	7265			
C. Mechanical/ Electrical GSF					751		751			
D. Circulation/ Structure GSF					1092		1092			
E. Total GSF					9108		9108	$475.02	n/a	$475.02

C. As the applicant, describe your need to provide the following health care services (if applicable to this application): **Not Applicable**

1. Adult Psychiatric Services
2. Alcohol and Drug Treatment for Adolescents (exceeding 28 days)
3. Birthing Center
4. Burn Units
5. Cardiac Catheterization Services
6. Child and Adolescent Psychiatric Services
7. Extracorporeal Lithotripsy
8. Home Health Services
9. Hospice Services
10. Residential Hospice
11. ICF/MR Services
12. Long-term Care Services
13. Magnetic Resonance Imaging (MRI)
14. Mental Health Residential Treatment
15. Neonatal Intensive Care Unit
16. Non-Residential Methadone Treatment Centers
17. Open Heart Surgery
18. Positron Emission Tomography
19. Radiation Therapy/Linear Accelerator
20. Rehabilitation Services
21. Swing Beds

D. Describe the need to change location or replace an existing facility. **Not Applicable**

E. Describe the acquisition of any item of major medical equipment (as defined by the Agency Rules and the Statute) which exceeds a cost of $2.0 million; and/or is a magnetic resonance imaging (MRI) scanner, positron emission tomography (PET) scanner, extracorporeal lithotripter and/or linear accelerator by responding to the following:

1. For fixed-site major medical equipment: **Not Applicable**

    a. Describe the new equipment, including:

        1. Total cost; (As defined by Agency Rule).
        2. Expected useful life;
        3. List of clinical applications to be provided; and

    b. Documentation of FDA approval.

    c. Provide current and proposed schedules of operations

2. For mobile major medical equipment: **Not Applicable**

    a. List all sites that will be served;

    b. Provide current and/or proposed schedule of operations;

    c. Provide the lease or contract cost;

d. Provide the fair market value of the equipment; and

e. List the owner for the equipment.

3. Indicate applicant's legal interest in equipment (*i.e.*, purchase, lease, etc.) In the case of equipment purchase include a quote and/or proposal from an equipment vendor, or in the case of an equipment lease provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments.

Not Applicable

III. **(A)** Attach a copy of the plot plan of the site on an 8 1/2" x 11" sheet of white paper which **must include:**

1. Size of site (***in acres***); **Proposed site consists of 4.1 acres**
2. Location of structure on the site; and
3. Location of the proposed construction;
4. Names of streets, roads or highway that cross or border the site.

Please see Attachment B.Project Description.III.A – Plot Plan

(B) 1. Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients.

Vanderbilt is accessible from most major transportation routes including Highways I-65, I-440, and I-40. Public transportation access includes bus stops near the hospital on 21st Avenue South.

IV. Attach a floor plan drawing for the facility which includes legible labeling of patient care rooms (noting private or semi-private), ancillary areas, equipment areas, etc. on an 8 1/2" x 11" sheet of white paper.

Please see Attachment B.Project Description.IV – Floor Plan

V. For a Home Health Agency or Hospice, identify: **N.A.**

1. Existing service area by County;
2. Proposed service area by County;
3. A parent or primary service provider;
4. Existing branches; and
5. Proposed branches.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED

The following questions are listed according to the three (3) criteria: (I) Need, (II) Economic Feasibility, and (III) Contribution to the Orderly Development of Health Care.

NEED

1. Describe the relationship of this proposal toward the implementation of the State Health Plan and Tennessee's Health: Guidelines for Growth.

    a. Please provide a response to each criterion and standard in Certificate of Need Categories that are applicable to the proposed project.

    Not Applicable

    b. Applications that include a Change of Site for a health care institution, provide a response to General Criterion and Standards (4)(a-c)

    Not Applicable

2. Describe the relationship of this project to the applicant facility's long-range development plans, if any.

    The proposed project is a consequence of high current surgical volume and projections for future growth as patients continue to access the subspecialty surgical care available at Vanderbilt. Patients from an extended service area, including patients from out of state, utilize the facility. There were roughly 30,645 adult surgical cases at VUH in FY13. In addition, the Vanderbilt surgical case volume currently at the Nashville Surgery Center will be relocated to VUH in October 2014, resulting in approximately 3,000 additional cases. As a result of this relocation and the demand for surgical services, it is projected that there will be approximately 38,600 surgical cases by FY17 at VUH.

    In order to meet these volume projections, the additional operating rooms are necessary.

    Vanderbilt's plans are also similar to the Five Principals for Achieving Better Heath as articulated in the 2009 State Health Plan.

    1. **Healthy Lives: The proposed project will improve the health of the service area through the improved efficiencies gained by expanding the operating rooms in the current location. The health care system is moving to a recognition that population based approaches to care will be the prevailing approach for assuring healthy lives in the future.**

    2. **Access to Care: The proposed project will improve access to care by allowing Vanderbilt to expand capacity of the subspecialty surgical care available. Recent Blue Cross Blue Shield of Tennessee white paper evidences the in-migration to major referral centers from the outlying areas. In Vanderbilt's case, much of this in-migration is no doubt a product of the complete array of surgical subspecialties available.**

    3. **Economic Efficiencies: The proposed project will achieve operational efficiencies by expanding the operating room capacity adjacent to the existing operating rooms at VUH.**

This expansion will also improve patient flow and care coordination by utilizing existing resources. Vanderbilt is committed to an evidenced-based approach to the delivery of care, which will also assure cost-effective approaches to patient care.

4. **Quality of Care: The proposed project will achieve the highest standards of quality through quality metrics and best practices in conjunction with the other operating rooms at VUH. Vanderbilt is actively engaged in many projects associated with quality and safety outcomes and is recognized as a national leader in this regard.**

5. **Health Care Workforce: Vanderbilt is committed to providing world-class care at the medical center, and thus, recruiting and retaining the best employee workforce. This will be an increasing challenge in the healthcare environment in the future as resources and reimbursement become more constrained.**

3. Identify the proposed service area and justify the reasonableness of that proposed area. Submit a county level map including the State of Tennessee clearly marked to reflect the service area. **Please submit the map on 8 1/2" x 11" sheet of white paper marked only with ink detectable by a standard photocopier (i.e., no highlighters, pencils, etc.).**

The area to be served by this proposal is represented in the attached Service Area map (Attachment C.Need.3). The primary service area includes the counties of Davidson, the remaining counties of Nashville MSA, Central TN, and specific counties in Western KY. This area is reasonable as 82% of VUMC's surgical patients derive from this area.

4. A. Describe the demographics of the population to be served by this proposal.

Please see Attachment C.Need.4.A.

B. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly the elderly, women, racial and ethnic minorities, and low-income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

Fifty-four percent of Vanderbilt University Medical Center's surgical patients were TennCare/ Medicaid, Medicare, and uninsured inpatients, which is evidence of the commitment to low-income and elderly consumers. VUMC provides services to all consumers irrespective of gender, race, ethnicity or income. Many programs, such as multi-language translation capabilities are implemented to assure ease of access. Several programs in conjunction with Meharry Medical Center specifically research and address disparities in health outcomes associated with the minority populations.

5. Describe the existing or certified services, including approved but unimplemented CONs, of similar institutions in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. Be certain to list each institution and its utilization and/or occupancy individually. Other projects should use the most appropriate measures, e.g., cases, procedures, visits, admissions, etc.

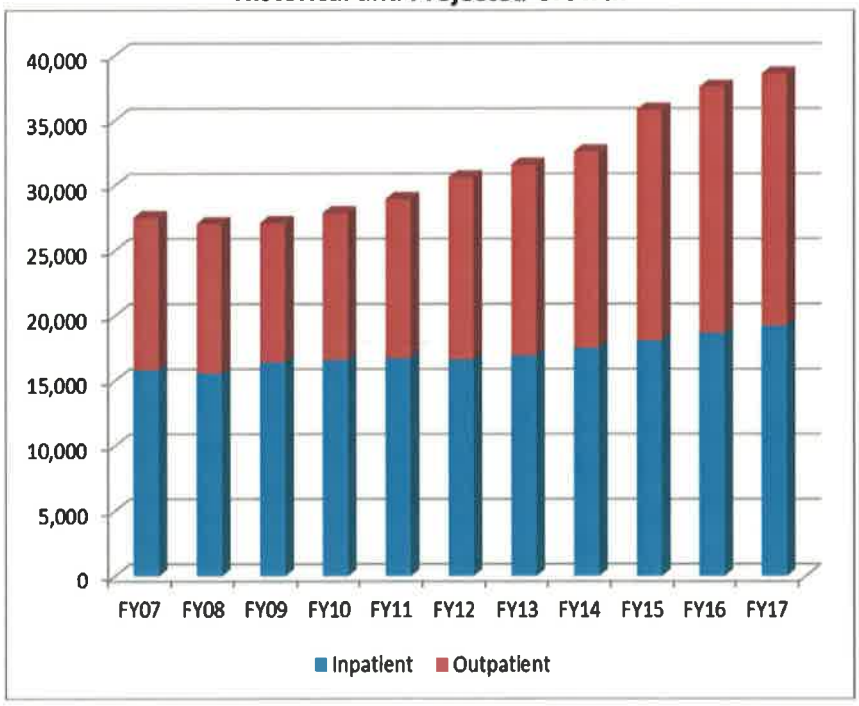
The proposed project is for the addition of operating rooms in VUH; there are no new services proposed in this project. Please see Attachment C.Need.5. Within the proposed Middle Tennessee service area, there

are 39 hospitals that provide surgical services. Of these hospitals, Vanderbilt is the leading surgical provider, performing more than twice the number of surgical cases than any other provider in the Middle Tennessee market. This is a result of patients choosing VUH for the high quality, subspecialty care available at the hospital.

6. Provide applicable utilization and/or occupancy statistics for your institution for each of the past three (3) years and the projected annual utilization for each of the two (2) years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology **must include** detailed calculations or documentation from referral sources, and identification of all assumptions.

Vanderbilt surgical volumes over the last three years continue to experience substantial growth. This is evidenced by growth rates ranging between 3% for inpatient cases and 12% for outpatient cases over the last several years. However, for the project, a more conservative growth rate of 3% is used for the subsequent fiscal years represented in the chart below. In addition, please note that the Nashville Surgery Center cases are projected to be absorbed in FY15.

Vanderbilt University Hospital
Operating Rooms
Historical and Projected Growth



ECONOMIC FEASIBILITY

1. Provide the cost of the project by completing the Project Costs Chart on the following page. Justify the cost of the project.

The project costs are believed to be reasonable due to the extensive mechanical and electrical work demanded by this project.

- For projects that include new construction, modification, and/or renovation; **documentation must be** provided from a contractor and/or architect that support the estimated construction costs.

  See Attachment C. Economic Feasibility.1

PROJECT COSTS CHART

A.	Construction and equipment acquired by purchase:		
	1.	Architectural and Engineering Fees	$ 346,482
	2.	Legal, Administrative, Consultant Fees	$ 5,000
	3.	Acquisition of Site	$ -
	4.	Preparation of Site	$ -
	5.	Construction Costs	$ 4,326,482
	6.	Contingency Fund	$ 20,000
	7.	Fixed Equipment	$ 1,601,400
	8.	Moveable Equipment (List all equipment over $50,000) Anesthesia Machine (4) Table, Surgical Bariatric (4)	$ 1,219,427.36
	9.	Other (Specify) _____	$
B.	Acquisition by gift, donation, or lease: **N/A**		
	1.	Facility	$ -
	2.	Building only	$ -
	3.	Land only	$ -
	4.	Equipment (Specify)_____	$ -
	5.	Other (Specify) _____	$ -
C.	Financing Costs and Fees: **N/A**		
	1.	Interim Financing	$ -
	2.	Underwriting Costs	$ -
	3.	Reserve for One Year's Debt Service	$ -
	4.	Other (Specify) _____	$ -
D.	Estimated Project Cost (A+B+C)		$ 7,518,791.36
E.	CON Filing Fee		$ 16,917.28
F.	Total Estimated Project Cost (D+E)		
		TOTAL	**$ 7,535,708.64**

2. Identify the funding sources for this project.

Please check the applicable item(s) below and briefly summarize how the project will be financed. ***(Documentation for the type of funding MUST be inserted at the end of the application, in the correct alpha/numeric order and identified as Attachment C, Economic Feasibility-2.)***

__ A. Commercial loan--Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;

__ B. Tax-exempt bonds--Copy of preliminary resolution or a letter from the issuing authority stating favorable initial contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;

__ C. General obligation bonds—Copy of resolution from issuing authority or minutes from the appropriate meeting.

__ D. Grants--Notification of intent form for grant application or notice of grant award; or

X E. Cash Reserves--Appropriate documentation from Chief Financial Officer.

__ F. Other—Identify and document funding from all other sources.

See Attachment C.Economic Feasibility.2.E (Proof of Cash Reserves)

3. Discuss and document the reasonableness of the proposed project costs. If applicable, compare the cost per square foot of construction to similar projects recently approved by the Health Services and Development Agency.

VUMC costs for this project are slightly higher when compared to the other recently approved Tennessee CON projects due to the higher construction costs involved with surgical facilities and the mechanical requirements. The chart provided below shows the average hospital construction cost per square foot for all CON-approved applications during 2012; source is Tennessee HSDA.

Hospital Construction Cost per Square Foot
Approved Projects, 2010-2012

	Renovated Construction	New Construction	Total Construction
1st Quartile	$99.12/sq ft	$234.64/sq ft	$167.99/sq ft
Median	$177.60/sq ft	$259.66/sq ft	$235.00/sq ft
3rd Quartile	$249.00/sq ft	$307.80/sq ft	$274.63/sq ft

Complete Historical and Projected Data Charts on the following two pages--***Do not modify the Charts provided or submit Chart substitutions!*** Historical Data Chart represents revenue and expense information for the last *three (3)* years for which complete data is available for the institution. Projected Data Chart requests information for the two (2) years following the completion of this proposal. Projected Data Chart

should reflect revenue and expense projections for the ***Proposal Only*** (*i.e.*, if the application is for additional beds, include anticipated revenue from the proposed beds only, not from all beds in the facility).

4. Please identify the project's average gross charge, average deduction from operating revenue, and average net charge.

Average Gross Charge	**$ 40,294**
Average Deduction from Operating Revenue	**$ 29,286**
Average Net Charge	**$ 11,008**

HISTORICAL DATA CHART

Give information for the last *three (3)* years for which complete data are available for the facility or agency. The fiscal year begins in July (Month).

		FY10	FY11	FY12
A.	Utilization Data	81.6%	82.3%	81.2%
B.	Revenue from Services to Patients			
1.	Inpatient Services	$2,565,513,684	$2,958,557,574	$2,946,427,273
2.	Outpatient Services	$1,799,223,854	$1,996,237,552	$2,284,864,589
3.	Emergency Services	$158,393,280	$172,746,469	$222,701,528
4.	Other Operating Revenue	$11,626,896	$13,817,470	$11,755,661
	Gross Operating Revenue	$4,534,757,714	$5,141,359,065	$5,465,749,051
C.				
1.	Contractual Adjustments	$2,564,607,441	$2,999,262,282	$3,157,381,889
2.	Provision for Charity Care	$232,539,044	$278,807,927	$312,846,669
3.	Provisions for Bad Debt	$83,089,700	$92,620,466	$90,645,441
	Total Deductions	$2,880,236,185	$3,370,690,675	$3,560,873,999
NET OPERATING REVENUE		$1,654,521,529	$1,770,668,390	$1,904,875,052
D.	Operating Expenses			
1.	Salaries and Wages	$466,408,164	$489,548,937	$535,813,562
2.	Physician's Salaries and Wages	$74,450,987	$83,324,502	$95,493,800
3.	Supplies	$313,172,848	$329,166,755	$362,423,688
4.	Taxes	$307,807	$488,370	$553,109
5.	Depreciation	$62,300,576	$67,575,449	$67,543,321
6.	Rent	$13,958,059	$18,375,582	$18,112,703
7.	Interest, other than Capital			
8.	Other Expenses	$581,969,611	$624,633,138	$649,491,163
	Total Operating Expenses	$1,512,568,052	$1,613,112,733	$1,729,431,346
E.	Other Revenue (Expenses) – Net	$1,407,347	$2,105,590	$1,201,758
NET OPERATING INCOME (LOSS)		$143,360,824	$159,661,247	$176,645,464
F.	Capital Expenditures			
1.	Retirement of Principal	$11,455,000	$12,385,000	$21,716,763
2.	Interest	$40,623,428	$44,481,069	$50,747,353
	Total Capital Expenditures	$52,078,428	$56,866,069	$72,464,116
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES		$91,282,396	$102,795,178	$104,181,348

PROJECTED DATA CHART

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in July (Month).

		FY16	FY17
A.	Utilization Data (cases)	2,675	2,729
B.	Revenue from Services to Patients		
1.	Inpatient Services	$72,695,280	$74,162,774
2.	Outpatient Services	$35,092,393	$35,800,800
3.	Emergency Services		
4.	Other Operating Revenue (Specify)_____		
	Gross Operating Revenue	$107,787,673	$109,963,574
C.	Deductions for Operating Revenue		
1.	Contractual Adjustments	$69,464,626	$70,866,903
2.	Provision for Charity Care	$6,882,847	$7,021,791
3.	Provisions for Bad Debt	$1,994,264	$2,034,522
	Total Deductions	$78,341,737	$79,923,215
NET OPERATING REVENUE		$29,445,936	$30,040,359
D.	Operating Expenses		
1.	Salaries and Wages	$5,329,333	$5,436,916
2.	Physician'sSalaries and Wages		
3.	Supplies (Medical Supplies & Services)	$6,996,465	$7,137,702
4.	Taxes		
5.	Depreciation	$550,000	$550,000
6.	Rent		
7.	Interest, other than Capital		
8.	Other Expenses (Specify) Non-salary, non-supply direct costs and indirect costs	$13,358,794	$13,628,467
	Total Operating Expenses	$26,234,593	$26,753,085
E.	Other Revenue (Expenses) -- Net (Specify)		
NET OPERATING INCOME (LOSS)		$ 3,211,343	$3,287,273
F.	Capital Expenditures		
1.	Retirement of Principal		
2.	Interest		
	Total Capital Expenditures		
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES		$ 3,211,343	$3,287,273

6. A. Please provide the current and proposed charge schedules for the proposal. Discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the proposed project and the impact on existing patient charges.

Average charges for the procedures can be derived from historic utilization experience and this method was used to obtain the anticipated charges and revenue for the proposed project provided in the Projected Data Chart. The average gross charge for procedures being performed in the proposed project is $40,294 while the average net revenue per case is $11,008. There should be no adjustments to current charges based on implementation of this project. See Attachment C.Economic Feasibility.6.A (List of Procedures).

B. Compare the proposed charges to those of similar facilities in the service area/adjoining service areas, or to proposed charges of projects recently approved by the Health Services and Development Agency. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

The Medicare allowable payment rate for the top CPT codes that will be performed is provided below.

		Medicare Allowable Payment Rate
47563	LAPAROSCOPIC CHOLECYSTECTOMY W/WO IOC	$3,487.15
49505	INGUINAL HERNIORRAPHY W/WO MESH	$2,429.11
50081	PERCUTANEOUS NEPHROLITHOTOMY	$3,261.04
52235	TRANSURETHRAL RESECTION BLADDER TUMOR (TURBT)	$1,908.86
52332	CYSTOSCOPY; URETERAL STENTS	$1,908.86
52353	URETEROSCOPY W/WO LITHOTRIPSY	$2,737.09

7. Discuss how projected utilization rates will be sufficient to maintain cost-effectiveness.

The proposed project will improve operational efficiency on the main VUH campus. As indicated in the Projected Data Chart, projected utilization will allow VUMC to maintain cost-effectiveness.

8. Discuss how financial viability will be ensured within two years; and demonstrate the availability of sufficient cash flow until financial viability is achieved

The proposed utilization rate provides a positive cash flow in Year 1.

9. Discuss the project's participation in state and federal revenue programs including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project. In addition, report the estimated dollar amount of revenue and percentage of total project revenue anticipated from each of TennCare, Medicare, or other state and federal sources for the proposal's first year of operation.

In FY10-11 and FY11-12, 45% of Vanderbilt's revenue was Medicare, Medicaid, Bad Debt and Charity Care. In addition, the payer mix of the proposed project represents the payer mix of current surgical patients at Vanderbilt.

	FY2010-2011		FY2011-2012		FY2015-2016		FY2016 -2017	
	Revenue	% of Total	Revenue	% of Total	Revenue	% of Total	Revenue	% of Total
Medicare	$ 988,129,937	19%	$ 1,094,974,255	20%	$ 43,115,069	40%	$ 43,985,430	40%
Medicaid	$ 959,287,641	19%	$ 993,426,703	18%	$ 7,545,137	7%	$ 7,697,450	7%
Bad Debt	$ 92,620,466	2%	$ 90,645,441	2%	$ 2,155,753	2%	$ 2,199,271	2%
Charity Care	$ 278,807,927	5%	$ 312,846,669	6%	$ 5,389,384	5%	$ 5,498,179	5%
Subtotal	$ 2,318,845,971	45%	$ 2,491,893,068	46%	$ 58,205,343	54%	$ 59,380,330	54%
Other	$ 2,808,695,624	55%	$ 2,962,100,322	54%	$ 49,582,330	46%	$ 50,583,244	46%
Total Gross Revenue	$ 5,127,541,595	100%	$ 5,453,993,390	100%	$ 107,787,673	100%	$ 109,963,574	100%

10. Provide copies of the balance sheet and income statement from the most recent reporting period of the institution and the most recent audited financial statements with accompanying notes, if applicable. For new projects, provide financial information for the corporation, partnership, or principal parties involved with the project. Copies must be inserted at the end of the application, in the correct alpha-numeric order and labeled as Attachment C, Economic Feasibility.10.

See Attachment C, Economic Feasibility.10.

11. Describe all alternatives to this project which were considered and discuss the advantages and disadvantages of each alternative including but not limited to:

    a. A discussion regarding the availability of less costly, more effective, and/or more efficient alternative methods of providing the benefits intended by the proposal. If development of such alternatives is not practicable, the applicant should justify why not; including reasons as to why they were rejected.

    b. The applicant should document that consideration has been given to alternatives to new construction, e.g., modernization or sharing arrangements. It should be documented that superior alternatives have been implemented to the maximum extent practicable.

    In order to maintain operational effectiveness and efficiencies, there was not an alternative to the proposed project, which is adjacent to all the major resources committed to surgical care at VUH.

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

1. List all existing health care providers (e.g., hospitals, nursing homes, home care organizations, etc.), managed care organizations, alliances, and/or networks with which the applicant currently has or plans to have contractual and/or working relationships, e.g., transfer agreements, contractual agreements for health services.

   Please see Attachment C. Contribution to the Orderly Development of Healthcare.1

2. Describe the positive and/or negative effects of the proposal on the health care system. Please be sure to discuss any instances of duplication or competition arising from your proposal including a description of the effect the proposal will have on the utilization rates of existing providers in the service area of the project.

   The proposed project will improve access to care by allowing Vanderbilt to expand capacity of the subspecialty surgical care available. Recent Blue Cross Blue Shield of Tennessee white paper evidences the in-migration to major referral centers from the outlying areas. In Vanderbilt's case, much of this in-migration is no doubt a product of the complete array of surgical subspecialties available.

3. Provide the current and/or anticipated staffing pattern for all employees providing patient care for the project. This can be reported using FTEs for these positions. Additionally, please compare the clinical staff

salaries in the proposal to prevailing wage patterns in the service area as published by the Tennessee Department of Labor & Workforce Development and/or other documented sources.

Proposed Staffing Pattern:

RN 9.4
ST 5.6
RNFA 2

The salaries proposed for the clinical staff positions will equal or exceed the rates provided in the TN Department of Labor & Workforce Development Occupational Employment Statistics Survey.

Clinical Staff Position	VUMC	Mean	25th Percentile	Median	75th Percentile
Registered Nurse	$ 26.75	$ 31.00	$ 23.65	$ 28.90	$ 34.75
Surgical Technologist	$ 18.63	$ 19.85	$ 16.20	$ 18.60	$ 23.25
RN Facility Administrator	$ 47.48	$ 45.15	$ 30.95	$ 39.40	$ 53.75

**Hourly Rate*

4. Discuss the availability of and accessibility to human resources required by the proposal, including adequate professional staff, as per the Department of Health, the Department of Mental Health and Developmental Disabilities, and/or the Division of Mental Retardation Services licensing requirements.

Vanderbilt University Medical Center will staff the facility. Vanderbilt University Medical Center and Vanderbilt University are uniquely partnered to provide a dynamic recruitment and retention program for employees. As the largest Nashville employer, other than the State of Tennessee, we actively search for the most appropriate candidates and seek to place them in career successful positions. Recruitment of technical and professional staff for the project is not expected to be a problem given the desirable employment environment and benefit structure at Vanderbilt.

5. Verify that the applicant has reviewed and understands all licensing certification as required by the State of Tennessee for medical/clinical staff. These include, without limitation, regulations concerning physician supervision, credentialing, admission privileges, quality assurance policies and programs, utilization review policies and programs, record keeping, and staff education

Vanderbilt University Medical Center will be responsible for credentialing, quality assurance, and staff education.

<u>Credentialing</u>
The Provider Support Services department credentials all providers that will admit patients to VUMC or attend to patients at VUMC and its satellite locations. Documents are verified from the primary source and include medical or professional licenses, DEA status (if applicable), malpractice insurance and claims history, appropriate schooling, board certification and faculty status. Once all documents have been verified, they are presented to the Credentials Committee for review and recommendation to the Medical Center Medical Board. The Medical Center Medical Board then recommends approval to the Board of Trust, which makes the final decision.

<u>Quality Assurance</u>
VUMC's Performance Improvement and Safety Plan is framed around the Institute of Medicine's (IOM) Quality Chasm Report. It incorporates the IOM Six Aims for Improvement (i.e. care that is safe, timely, efficient, effective, equitable, and patient-centered). The fundamental integrity of the Plan is based on the pivotal roles played by the VU Board of Trust, the Medical Center Medical Board, and the VUMC Quality Council (which is chaired by the Associate Vice Chancellor) in ensuring an effective, hospital-wide effort.

The Performance Improvement Plan incorporates the traditional quality control/quality assurance monitors as well as leadership-defined, performance improvement initiatives tied to the institution's Strategic Plan. Significant resources are devoted to implementing the plan through the Center for Clinical Improvement and the Accreditation and Standards Departments. The plan is reviewed and revised annually based upon senior leadership's assessment of effectiveness.

In addition, each year an Employee Performance Competency Report is issued to the Board of Trust, which is reviewed in accordance with administrative policy and JCAHO standards. This report includes competency maintenance activities that are required on a yearly basis for all employees. For those that are not up to the required standards, performance improvement efforts are implemented with customized plans to meet individual staff needs. Those that do not meet the objectives of the improvement plan are terminated for cause.

Staff Education

VUMC devotes a variety of resources to the development of staff at all levels of the organization. VUMC's Learning Center provides comprehensive orientation and role specific training to help new staff become successful in their jobs. In partnership with Environmental Health Services, Offices for Compliance and Accreditation, the Learning Center assists all staff in meeting competencies and regulatory requirements. Other programs enable individual staff to develop collaborative teamwork skills, manage conflict, improve communication, precept other staff or fulfill roles of responsibility within their work groups.

Radiology, Nursing, Pharmacy, Nutrition Services, and Rehabilitation Services Departments are leaders in providing continuing education for their staff. Programs are offered centrally and in unit and discipline-specific forums. Managers and administrators are supported in developing financial skills by VUMC's Department of Finance, which has its own training division. In addition, nursing managers are supported through a development program in conjunction with the Health Care Advisory Board and the Learning Center.

As employees of Vanderbilt University, VUMC staff has access to a variety of training classes offered by Human Resource Services. The classes are divided into four series, grouped by the type of skills that are emphasized: Leadership, Business/Interpersonal, Administrative, and Individual Growth and Development. HRS also provides customized training and facilitation classes for individual teams.

The Department of Systems Support provides the technical training to implement the many state-of-the-art patient information systems used in daily patient care. Finally, many tools and resources are available on-line at the Learning Center, Department of Finance and Human Resources websites.

6. Discuss your health care institution's participation in the training of students in the areas of medicine, nursing, social work, etc. (*e.g.,* internships, residencies, etc.).

   VUMC has accredited training programs in medicine, radiation oncology (residents), medical physicists and dosimetrists, nursing, pharmacy, respiratory therapy, dietetics, medical technology, radiation therapy technology, cardiovascular perfusion technology and nuclear medicine technology. VUMC is also a major clinical training facility for Vanderbilt University Medical and Nursing Schools. VUMC supports a total house staff training program of 697 residents and 279 fellows.

7. (a) Please verify, as applicable, that the applicant has reviewed and understands the licensure requirements of the Department of Health, the Department of Mental Health and Developmental Disabilities, the Division of Mental Retardation Services, and/or any applicable Medicare requirements.

The proposed facility will be constructed and operated to comply with all existing codes and license requirements.

(b) Provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.

Licensure: State of Tennessee, Department of Health Facilities, Licensure Division

(c) If an existing institution, please describe the current standing with any licensing, certifying, or accrediting agency. Provide a copy of the current license of the facility.

Please see Attachment C. Contribution to the Orderly Development of Healthcare.7.c

(d) For existing licensed providers, document that all deficiencies (if any) cited in the last licensure certification and inspection have been addressed through an approved plan of correction. Please include a copy of the most recent licensure/certification inspection with an approved plan of correction.

Please see Attachment C. Contribution to the Orderly Development of Healthcare.7.d

8. Document and explain any final orders or judgments entered in any state or country by a licensing agency or court against professional licenses held by the applicant or any entities or persons with more than a 5% ownership interest in the applicant. Such information is to be provided for licenses regardless of whether such license is currently held.

Not Applicable

9. Identify and explain any final civil or criminal judgments for fraud or theft against any person or entity with more than a 5% ownership interest in the project

Not Applicable

10. If the proposal is approved, please discuss whether the applicant will provide the Tennessee Health Services and Development Agency and/or the reviewing agency information concerning the number of patients treated, the number and type of procedures performed, and other data as required.

If this proposal is approved, Vanderbilt University Hospital will provide the Tennessee Health Services and Development Agency with information concerning the number of patients treated, the number and type of procedures performed and other requested data.

PROOF OF PUBLICATION

Attach the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper as proof of the publication of the letter of intent.

DEVELOPMENT SCHEDULE

Tennessee Code Annotated § 68-11-1609(c) provides that a Certificate of Need is valid for a period not to exceed three (3) years (for hospital projects) or two (2) years (for all other projects) from the date of its issuance and after such time shall expire; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificates of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need which has been extended shall expire at the end of the extended time period. The decision whether to grant such an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.

1. **Please complete the Project Completion Forecast Chart on the next page. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.**
2. **If the response to the preceding question *indicates that the applicant does not anticipate completing the project within the period of validity as defined in the preceding paragraph,* please state below any request for an extended schedule and document the "good cause" for such an extension.**

SEP 3 '13 AM11:28

PROJECT COMPLETION FORECAST CHART

Enter the Agency projected Initial Decision date, as published in Rule 68-11-1609(c): December, 2013
Assuming the CON approval becomes the final agency action on that date; indicate the number of days **from the above agency decision date** to each phase of the completion forecast.

Phase	DAYS REQUIRED	Anticipated Date (MONTH/YEAR)
1. Architectural and engineering contract signed	30	January 2014
2. Construction documents approved by the Tennessee Department of Health	30	January 2014
3. Construction contract signed	30	January 2014
4. Building permit secured	30	January 2014
5. Building construction commenced	62	March 2014
6. Construction 40% complete	126	May 2014
7. Construction 80% complete	190	July 2014
8. Construction 100% complete-approved for occupancy	222	September 2014
9. *Issuance of license	252	November 2014
10. *Initiation of service	252	November 2014
11. Final Architectural Certification of Payment	282	December 2014
12. Final Project Report Form (HF0055)	282	December 2014

***For projects that do NOT involve construction or renovation: Please complete items 10 and 11 only.**

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

Form HF0004
Revised 05/03/04
Previous Forms are obsolete

SEP 13 '13 AM 11:28

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF Davidson

Ronald W. Hill, being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

Ronald W. Hill
Vice President, Business Development

Sworn to and subscribed before me this 12th day of September (Month), 2013 (Year), a Notary Public in and for the County/State of Davidson County, Tennessee.

Jennifer Hygrell
NOTARY PUBLIC

My commission expires May 5 (Month/Day), 2015 (Year).

JENNIFER HYGRELL
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

Vanderbilt University Medical Center OR Renovation CON
Application Attachments
(in order of appearance)

Corporate Charter & Cert of Existence: Attachment A.3

Org Chart and Ownership List: Attachment A.4

Title/Deed: Attachment A.6

VUH MCO Contracts and Networks: Attachment A.13

Plot Plan: Attachment B.Project Description.III.A

Floor Plan: Attachment B.Project Description.IV

Service Area Map: Attachment C.Need.3

Primary Service Area Demographic Chart: Attachment C.Need.4.A

Surgical Services: Attachment C.Need.5

Estimated Construction Cost Letter: Attachment C.Economic Feasibility.1

Funding Documentation (proof of cash reserves): Attachment C.Economic Feasibility.2.E

List of Procedures: Attachment C.Economic Feasibility.6.A

VUMC Financial Statements: Attachment C.Economic Feasibility.10

Contracts: Attachment C.Contribution to the Orderly Development of Healthcare.1

Licensure & Accreditation: Attachment C.Contribution to the Orderly Development of Healthcare.7.c

Licensure Certification & Plan of Correction: Attachment C.Contribution to the Orderly Development of Healthcare.7.d

Proof of publication

Attachment A.3

Vanderbilt University
Hospital Corporate Charter

Vanderbilt University
Certificate of Existence

Vanderbilt University Hospital

Corporate Charter

Charter

TWO DECREES inscribed in the Minute Book of Chancery Court in Nashville, Davidson County, Tennessee, constitute the Charter of Vanderbilt University. The first decree, entered August 6, 1872, in Minute Book W, pages 267-268-269, ordered that certain petitioners be declared a body politic and corporate under the name and style of "The Central University of the Methodist Episcopal Church South." The second decree, entered June 16, 1873, in Minute Book X, pages 309–310, changed the legal name of the corporation to "The Vanderbilt University."

On the following pages the text is a line-for-line transcription of the handwritten entries in the Minute Books.

A TRANSCRIPT

entral University of the)
list Episcopal Church)
Ex parte)

This matter came on this day to be heard before the Hon'l Nathaniel Baxter Judge &c. of the Circuit f Davidson County, sitting by interchange with the Honorable Edward , the Chancellor presiding, but who was incompetent to preside. r this cause, for the reason that he was interested herein, and the s heard upon the petition of W. C. Johnson, Robert J. Morgan, /. Moore, and Milton Brown citizens and residents of the State of :e and representatives of the Memphis Conference of the Methodist l Church South and Alexander L. P. Green, Jordan Stokes, David , Edward H. East, David T. Reynolds and Robert A. Young nd residents of Tennessee and representatives of the Tennessee Conference, lon C. Garland a citizen and resident of Mississippi and Philip Tuggle ind resident of Tennessee, the two latter representing the issippi Conference, and James H McFerrin and Steel citizens of the State of Arkansas, and representatives ite River Conference and Christopher D. Oliver and Wm itizens of the State of Alabama and representatives of the bama Conference, and Edward Wadsworth and W. M. ns of the State of Alabama and representatives of the Alabama e and Wm. L. C. Hunnicutt and Thomas Christian citizens of f Mississippi and representatives of the Mississippi Conference L. Borden and Wm H. Foster, citizens of the State of nd representatives of the Louisiana Conference, Andrew Hunter L. DeYampert citizens of the State of Arkansas ntatives of the Louisiana [Little Rock] Conference, and it appearing to hat said persons in their said petition prayed to be d, under the name and style of "The Central University odist Episcopal Church South", the object and plan of sity having been fully set forth in resolutions passed by s of said Conference, at a convention of the same held in the phis on the 24th, 25th, 26th and 27th of January, 1872, and tions are in words and figures as follows:

d by the Convention,

asures be addopted looking to the establishment, as speedily : of an institution of learning of the highest order and upon is where the Youth of the Church and Country may prosecute tetary, Scientific and professional studies to an extent as great;

on application for admission shall present a recommendation from a quarterly or annual conference, and shall have obtained a standard of education equal to that required for admission on trial into an annual conference; and instruction to them shall be free both in the theological and the literary and scientific departments. Secondly, A Literary and scientific school. Thirdly, A Normal School. Fourthly a Law School Fifthly, A Medical School.

Fourthly. That the sum of One Million of Dollars necessary in order to realize fully the object desired; and not less than five hundred Thousand dollars, must be secured as a condition precedent to the opening of any department of the University.

Fifthly. That the location of the University shall be left to the decision of the College of Bishops of the Methodist Episcopal Church South.

Sixthly. That the carrying out of this whole scheme is hereby committed to the persons (herein named before as petitioners) who shall take immediate steps for securing a suitable charter of incorporation, and shall be a Board of Trust with power to solicit and invest funds, appoint an agent or agents, and to do whatever else is necessary for the execution of this scheme.

Seventh. That seven of the Board of Trustees at any meeting regularly called, shall constitute a quorum.

Eighth. That provision be made in the charter for giving a fair representation in the management of the University to any annual conference hereafter cooperating with us.

Ninthly. That the Bishops of the Methodist Episcopal Church South be and are hereby requested to act as a Board of supervision of the University or any of its departments, and jointly with the Board of Trust, to elect Officers and professors and prescribe the course of study and the plan of government."

And it further appearing to the Court that upon the filing of said petition, the Clerk & Master of this Court caused, by an order at rules, the same to be advertised, in pursuance of the statute in such cases made and prescribed, and it further appearing to the Court that no one has appeared, and made known any objection, to the granting of the prayers of the petition, and the Court upon inspection of the designs and objects of said corporation, finds nothing therein contained to be against public policy or good morals or in conflict with the constitution and Laws of the State or of the United States, is pleased to grant the prayer of the same, and doth hereby order adjudge and decree that the petitioners, be declared a body politic and corporate, under the name and style of "The Central University of the Methodist Episcopal Church South" and in that name may sue and be sued; plead and be impleaded, in the Courts of this State or of the other States of the Union, or of the United States of America, may have a common Seal, which may be altered at pleasure—shall have perpetual succession—may solicit and receive subscriptions, donations, legacies and devises, may hold real estate & personal

nt such subordinate officers and agents and the
of the Corporation requires prescribe their duties and fix their.
ation, To make byelaws not inconsistent with the laws of the
his charter or the resolutions of the convention at Memphis as set
n before—which resolutions are hereby addopted as a part of this
-but shall make all bye-laws necessary and proper to carry out
ts of said resolutions as well as for the management of its property
egulation of its affairs and may also have power to pass all
ecessary to the use of the powers herein given, or which by law may
be confirmed, and all said powers rights and privileges, together
others as are not herein specially given and referred to, are hereby.
upon said corporation, in as full complete and ample manner,
laws of the State, the same can or might be, and said cor-
hall have the power to confer all the degrees of merit and honor
nferred by Universities.
r decreed that petitioners pay the costs of this proceeding, and
M issue to them a certified copy of this decree.

Nathaniel Baxter
Judge

iversity of Methodist Episcopal)
uth - Ex parte-)

This matter came on this day to be heard before the Chancellor upon the

ctofore filed, and publication of the matter thereof having heretofore
according to the Statutes in such cases made and provided, the
ased to Order and decree that the name and style of the Central
f the Methodist Episcopal Church South a corporation heretofore
der the constitution and laws of this State, as a University of.
l with all the powers rights and privileges of such corporation
ven and conferred by the laws of the State of Tennessee, or
r be given and conferred be changed to the Name and Style
derbilt University" by which name it shall hereafter be known, and
ed hold and receive property, confer degrees and do any and
ich by the present or future laws of Tennessee, it may be
do. It is further decreed that all the rights of property, powers
ivileges immunities and franchises, which heretofore by
decree of this Court were conferred upon the said corporation
me and Style of the Central University of the Methodist

University and its assigns and successors forever for the purposes of said Corporation, and that it have power to pass byelaws resolutions &c not inconsistent with the laws of the land, and to increase & diminish the number of its trustees and change the name of its schools and do and perform any and all acts allowable by law to Corporations of learning. It is further decreed that the said Vanderbilt University pay the costs of this proceeding for which a fifa issue.

Ordered that Court adjourn to Monday June 23d 1873.

W. F. Cooper
Chancellor

Vanderbilt University

Certificate of Existence

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 06/20/2005
REQUEST NUMBER: 05171584
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 08/06/1872
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0120166
JURISDICTION: TENNESSEE

TO:
JOHN CALLISON
2100 WEST END AVE
STE 750
NASHVILLE, TN 37203

REQUESTED BY:
JOHN CALLISON
2100 WEST END AVE
STE 750
NASHVILLE, TN 37203

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"VANDERBILT UNIVERSITY (THE)"

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 06/20/05

	FEES	
RECEIVED:	$20.00	$0.00
TOTAL PAYMENT RECEIVED:		$20.00

RECEIPT NUMBER: 00003762061
ACCOUNT NUMBER: 00001363

FROM:
JOHN C. CALLISON
2505 HILLSBORO RD.
FRANKLIN, TN 37064-0000

Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE

SS-4458

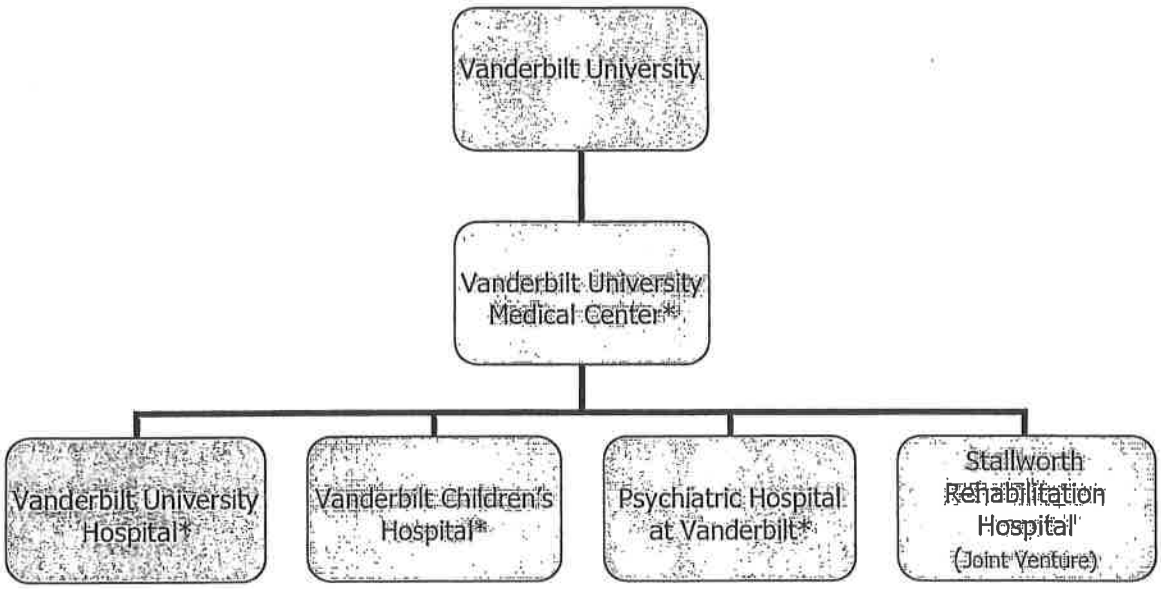
Attachment A.4

Organizational Chart

Ownership List

Attachment A.4

Vanderbilt University Hospital Organization Chart



*Not Separately Incorporated

Attachment A.4

Vanderbilt University Medical Center Ownership Participation

Ambulatory Surgery Center of Cool Springs
2009 Mallory Lane, Suite 100
Franklin, TN 37067
Current License: Licensed/ASTC
% Ownership: 50%

Cool Springs Imaging
2009 Mallory Lane, Suite 150
Franklin, TN 37067
Current License: Medicare License since 10/10/2001; American College of Radiology Accredited
% Ownership: 80% ownership by Vanderbilt Imaging Services

One Hundred Oaks Imaging
719 Thompson Lane
Nashville, TN 37204
Current License: Outpatient Department
% Ownership: 80%

Spring Hill Imaging Center
5421 Main Street
Spring Hill, TN 37174
Current License: Outpatient Diagnostic Center
% Ownership: 24.5%

Vanderbilt-Gateway Cancer Center
Alfred Thun Road
Clarksville, TN 37040
Current License: ASTC
% Ownership: 50%

Vanderbilt Imaging Services
1161 21st Avenue South
D-3300 Medical Center North
Nashville, TN 37232-2104
Current License: Medicare License since 10/01/1999; American College of Radiology Accredited
% Ownership: 67%

Vanderbilt-Maury Radiation Oncology
1003 Reserve Boulevard
Spring Hill, TN 37174
Current License: ASTC
% Ownership: 40%

Vanderbilt-Stallworth Rehabilitation Hospital
2201 Children's Way
Nashville, TN 37212
Current License: Health Care Facility/Rehabilitation Hospital; JCAHO Accreditation
% Ownership: 50%

Vanderbilt Homecare Services
2120 Bellcourt Ave.
Nashville, TN 37232
Current License: Health Care Facility/Home Care Organization
% Ownership: 50%

New Light Imaging
1161 21st Avenue South
D-3300 Medical Center North
Nashville, TN 37232-2104
Current License: Health Facililty, Outpatient Diagnostic Center
% Ownership: 66.6%

SCA Nashville Surgery Center
1161 21st Avenue South
D-3300 Medical Center North
Nashville, TN 37232-2104
Current License: Ambulatory Surgery Treatment Center
% Ownership: 40%

Attachment A.6

Title/Deed

This Instrument Prepared By:
John C. Callison
Associate General Counsel
Vanderbilt University
Nashville, Tennessee 37203

QUITCLAIM DEED BOOK 6491 PAGE 286

Address New Owner as Follows:	Send Tax Bills To:	Map/Parcel No.
		104-4 238
The Vanderbilt University	Same	104-8 47
Box 506, Peabody Campus		104-4 10
Nashville, Tennessee 37203		104-4 7

Pursuant to Article XIV of that certain Lease Agreement dated as of February 1, 1977, by and between The Health and Educational Facilities Board of The Metropolitan Government of Nashville and Davidson County, Tennessee (the "Board") as Lessor and The Vanderbilt University as Lessee and for the express purpose of making a reconveyance to The Vanderbilt University, The Health and Educational Facilities Board of the Metropolitan Government of Nashville and Davidson County, Tennessee does hereby convey and quitclaim to The Vanderbilt University of Nashville, Tennessee, all of its right, title and interest in and to the following real estate and improvements thereon as described to-wit:

That property conveyed by The Vanderbilt University to The Health and Educational Facilities Board of the Metropolitan Government of Nashville and Davidson County, Tennessee by Warranty Deed of record at Book 4936, page 356, as amended by Deed of Correction of record at Book 5122, page 625, said property being described as follows:

PARCEL NO. 1

The beginning point of said tract is a point at the northwest intersection of Garland Avenue and 21st Avenue, South, which point is North 7° 27' East 50 feet from a spike in asphalt paving located at the southwest intersection of Garland Avenue and 21st Avenue, South; from said beginning point thence North 7° 27' East 381.94 feet to a point; thence North 82° 35' West 475.84 feet

West 58.26 feet to a spike in asphalt; thence South 7° 26' West 216.17 feet to a point; thence North 82° 34' West 104.68 feet to a point; thence North 34° 20' West 39.68 feet to a stake; thence North 85° 01' West 89.15 feet to a cross on a concrete curb; thence South 6° 33' West 272.01 feet to a brass spike in the northerly margin of Garland Avenue; thence South 82° 41' East 749.99 feet with the northerly margin of Garland Avenue to the point of beginning, containing 6.09 acres, more or less.

PARCEL NO. 2

Beginning at an iron pin in the northwest corner of 21st Avenue, South, and Pierce Avenue, thence North 83° 19' West 172.07 feet to an iron pin at the northeast intersection of 10-foot alley (no. 639) and Pierce Avenue, thence with the east side of said alley, North 7° 5' East 238.67 feet to a spike in asphalt, thence leaving said alley South 83° 11' East 167.50 feet, to an iron pin in west boundary line of 21st Avenue, South; thence with the west boundary line of 21st Avenue, South, South 5° 59' West 238.28 feet to the point of beginning containing 40,487.5 square feet or 0.93 acres more or less.

The conveyance of the above described property is subject to any taxes due on said property and to all matters of record, including but not necessarily limited to easements granted to the State of Tennessee of record in Book 4773, page 485, R.O.D.C.

That property conveyed by The Vanderbilt University to the Health and Educational Facilities Board of the Metropolitan Government of Nashville and Davidson County, Tennessee by Warranty Deed of record at Book 5122, page 627, said property being described as follows:

PARCEL NO. 3:

Beginning at a point in the easterly margin of proposed 22nd Avenue South, said point being S 07° 19' 43" W, 99.98 feet from the present southerly margin of Garland Avenue; thence, with said margin of 22nd Avenue with curve to the right 144.50 feet to a point, said curve having a radius of 92.00 feet, a central angle if 89° 59' 17", and a tangent distance of 91.98 feet; thence, with proposed margin of Garland Avenue S 82° 41' E, 99.28 feet to the westerly outside face of the westerly wall of the Medical Arts Building as extended, said point being S 07° 25' W, 8 feet from the present southerly

margin of Garland Avenue; thence, in line with and along said face of the wall S 07° 25' W, 219.11 feet to the southwest corner of said Medical Arts Building; thence, with southerly face of southerly wall of said building S 82° 35' E, leaving said wall at 55.24 feet, in all a total distance of 90.14 feet to the westerly margin of 21st Avenue South; thence, with said margin S 07° 25' W 361.50 feet to a point; thence, leaving said margin in line with and along northerly edge of a concrete slab of the Oxford House N 82° 35' W, 181.07 feet to a northwesterly corner of said Oxford House; thence, along edge of concrete slab on the westerly wall of said Oxford House S 07° 25' W 125.93 feet to the northerly margin of Dixie Place; thence, with said margin N 82° 35' W, 99.26 feet to the easterly margin of proposed 22nd Avenue South. Thence, with said margin N 07° 19' 43" E, 614.23 feet to the point of beginning. Containing 154,043 square feet or 3.54 acres, more or less..

PARCEL 4:

Beginning at the point of intersection of the present southerly margin of Garland Avenue and the westerly margin of proposed 22nd Avenue South; thence, with said margin of 22nd Avenue, S 07° 19' 43" W, 714.13 feet to the northerly margin of Dixie Place; thence, with said margin of Dixie Place N 82° 35' W, 238.47 feet to a point; thence, leaving said Dixie Place with a line parallel to and 238.47 feet distant from said 22nd Avenue N 07° 19' 43" E, 549.34 feet to a point; thence, at right angles N 82° 40' 17" W, 34.83 feet to east face of Vanderbilt University Auditorium; thence, at right angles with said auditorium N 07° 19' 43" E, 32.48 feet to a point; thence, continuing with said auditorium N 52° 19' 43" E, 42.18 feet to a point; thence S 82° 40' 17" E, 5.00 feet to a point; thence, at right angles N 07° 19' 43" E, 101.92 feet to the present southerly margin of said Garland Avenue; thence, with said margin S 82° 43' E, 238.47 feet to the point of beginning. Containing 171,955 square feet or 3.95 acres, more or less.

The conveyance of the above described property is subject to any taxes due on said property and to all matters of record including but not necessarily limited to an easement of record in Book 4941, page 325, R.O.D.C. and easements rebilled in Bill Nos. 68-445 and 70-1119 of the Metropolitan Council.

BOOK 6491 PAGE 289

The property conveyed herein is improved property located on the Vanderbilt University Campus.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration for this transfer is $0.00.

John C. Cellon
Affiant

Subscribed and sworn to before me, this 8th day of ~~January~~ February, 1985.

Mildred M. Sanders
Notary Public

My Commission Expires: 11-1-87.

IN WITNESS WHEREOF, I, Robert D. Nichol, have hereunto set my hand to this Quitclaim Deed for and on behalf of The Health and Educational Facilities Board of the Metropolitan Government of Nashville and Davidson County, Tennessee, this 31st day of January, 1985.

Vice-Chairman

Attest:

Marion B. Adkins
Secretary

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, Mona Forman, a Notary Public of the State and County aforesaid, personally appeared.

Robert D. Nichol and Morris B. Adkins, with whom I am personally acquainted, and who, upon oath, acknowledged themselves to be Vice-Chairman and Secretary, respectively of The Health and Educational Facilities Board of the Metropolitan Government of Nashville and Davidson County, Tennessee, the within named bargainor, a corporation, and that they as such Vice-Chairman and Secretary, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by themselves as Vice-Chairman and Secretary.

Witness our hands and seal, at office in Nashville, Tennessee, this 31st day of January, 1985.

Notary Public

My Commission Expires: 4-17-88

Attachment A.13

Vanderbilt University Hospitals MCO Contracts and Networks

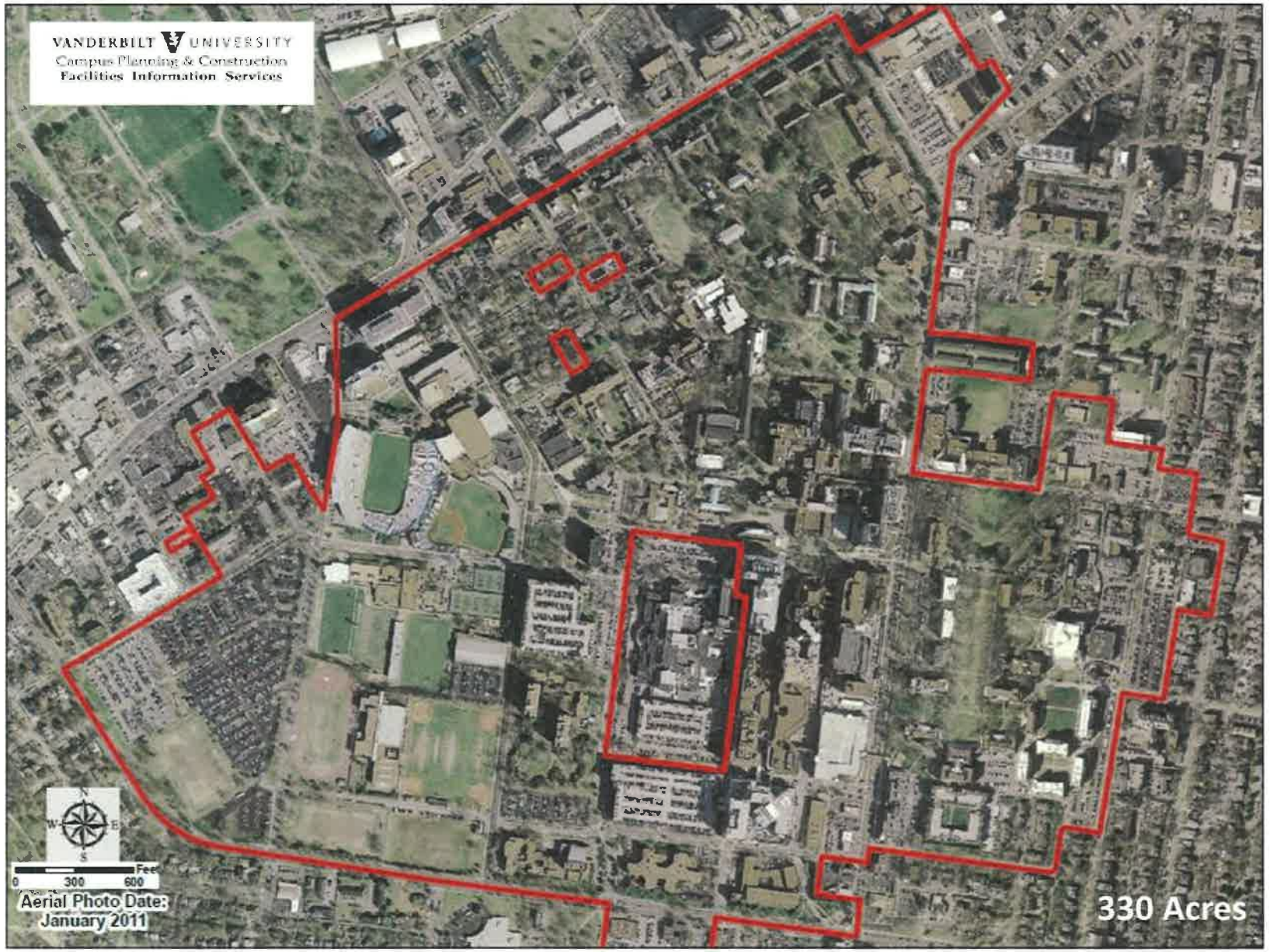
Attachment A.13
VUH/VCH Contracts & Networks

- Aetna/US Healthcare
- AmeriGroup Community Care*
- Blue Cross Blue Shield of Tennessee/Magellan
- Bluegrass Family Health
- CIGNA Behavioral Health
- Center Care
- Community Care Network Methodist Hospital
- Cigna HealthCare/Great West
- Correct Care Solutions
- Corvel Workman's Comp
- Coventry Cares
- Coventry Health
- Health Partners
- HealthSpring
- HealthNet Federal Services (Tricare)
- Health One Alliance / Alliant Health Plan
- Humana, Inc.
- Humana Military
- CrestPoint ISHN
- Kentucky Spirit
- Magellan Health
- NovaNet PPO
- Owensboro Community Health Network
- Private Healthcare Systems, Inc. (PHCS)
- Prime Health
- Signature Health Alliance
- United Behavioral Health
- United BH/Community Plan*
- United Healthcare
- UnitedHealthCare Community Plan*
- USA MCO
- ValueOptions*
- Volunteer State Health Plan/TennCare*
- WellCare
- Windsor Health Group

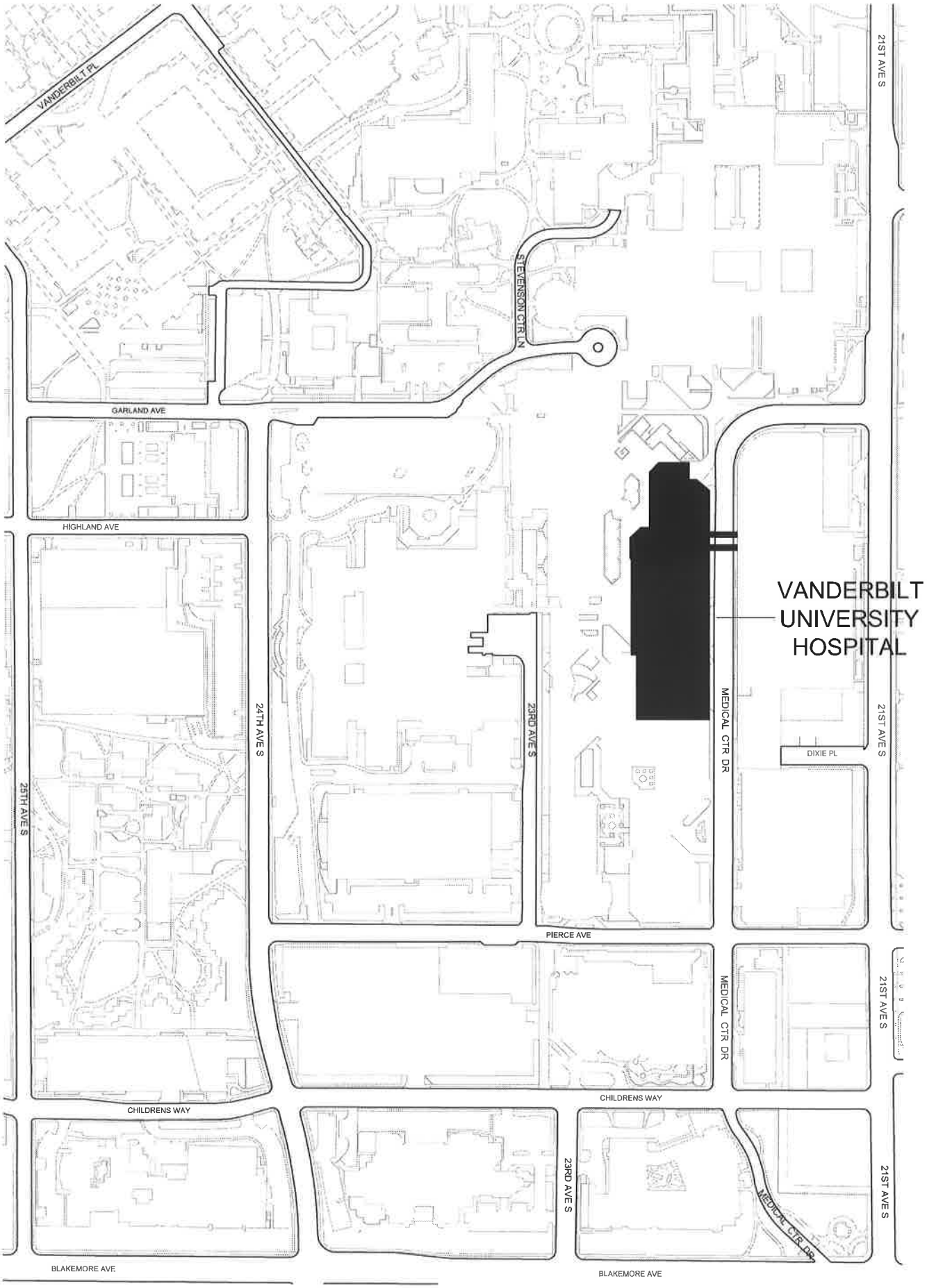
Items noted with an * are TennCare MCOs

Attachment B.Project Description.III.A

Plot Plan

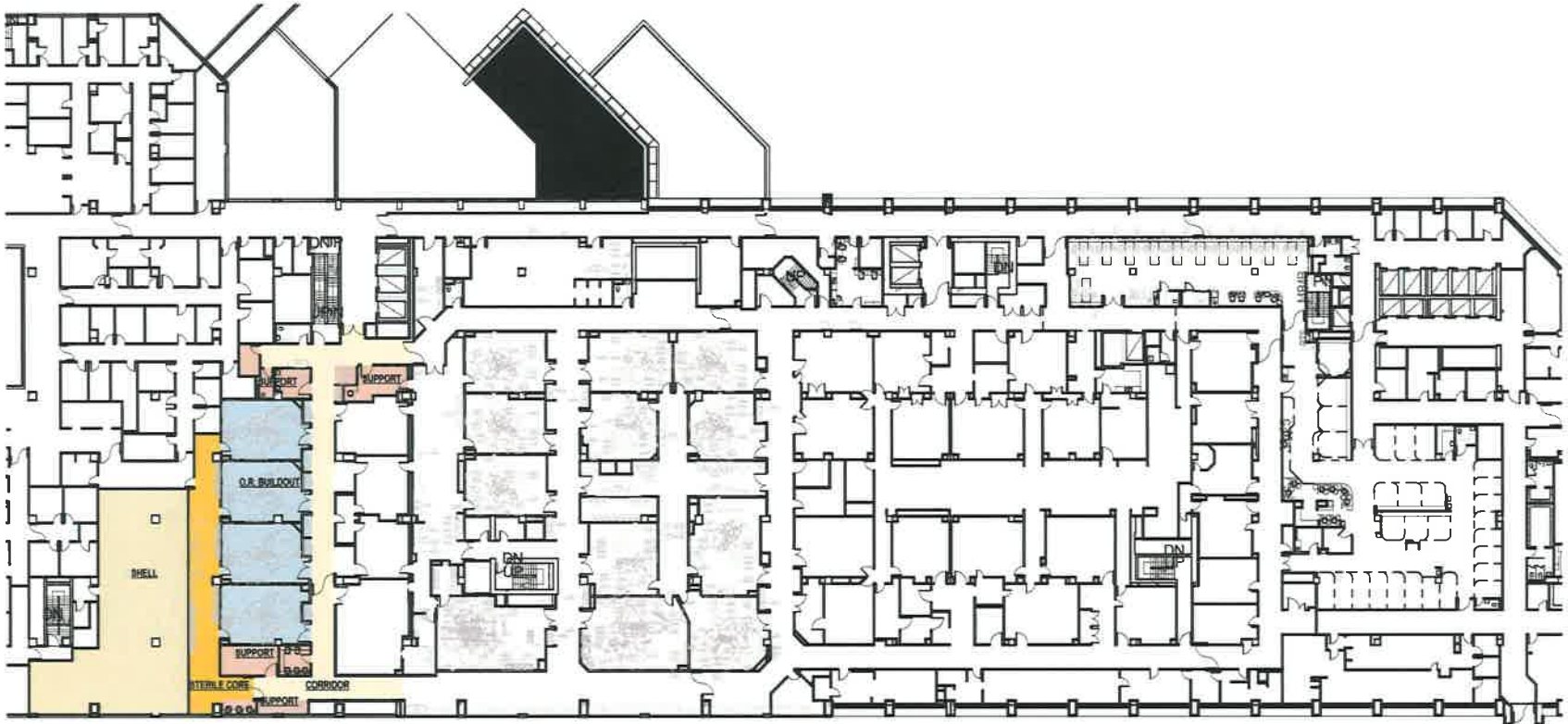

VANDERBILT UNIVERSITY
Campus Planning & Construction
Facilities Information Services
N
W
E
S
0
300
600
Feet
Aerial Photo Date:
January 2011
330 Acres

VANDERBILT UNIVERSITY MEDICAL CENTER



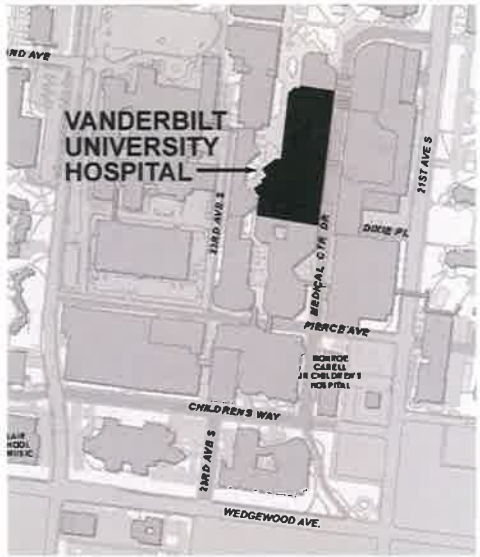
Attachment B.Project Description.IV

Floor Plan



VUH 3RD FLOOR - 4-OR RENOVATION

0 20' 40' 80'



KEY PLAN

ESa

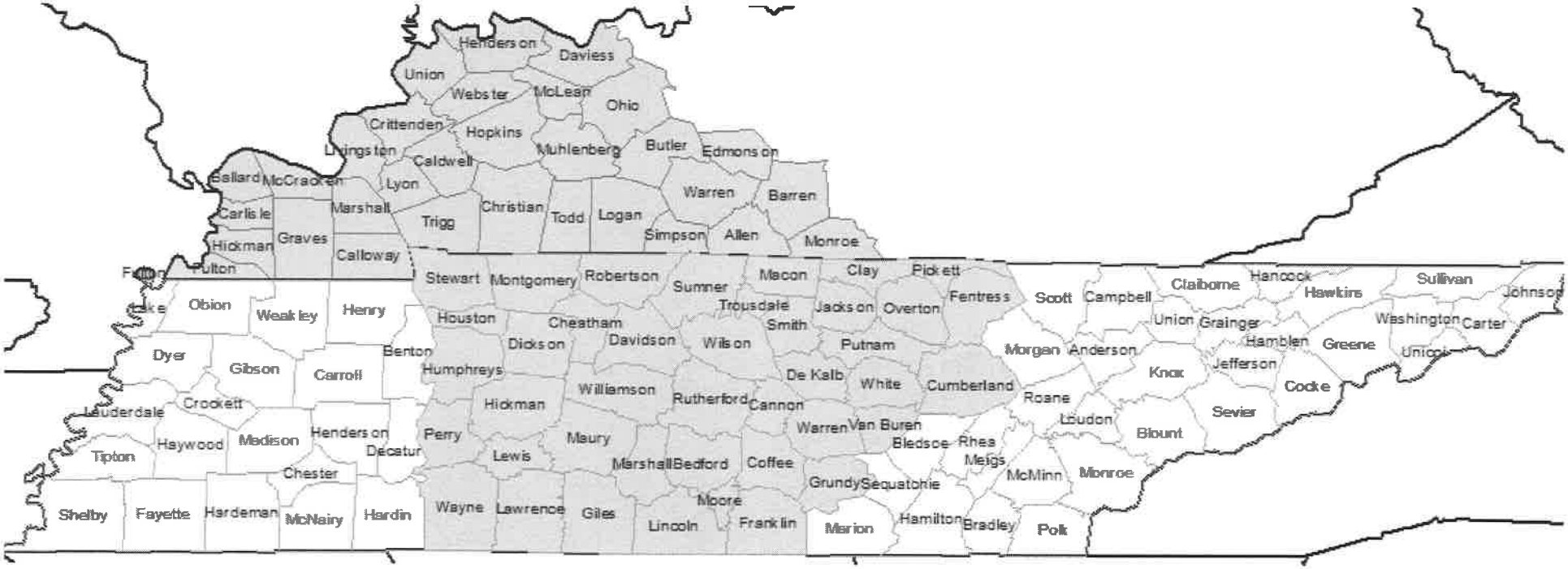
VUH 3RD FLOOR - 4-OR RENOVATION

VANDERBILT UNIVERSITY MEDICAL CENTER

Attachment C.Need.3

Service Area Map

Service Area



Attachment C.Need.4.A

Primary Service Area Demographic and Socioeconomic Chart

Demographics

County	State	2013 Population	White Non-Hispanic Population	White Non-Hispanic %Across	Black Non-Hispanic Population	Black Non-Hispanic %Across	Asian Non-Hispanic Population	Asian Non-Hispanic %Across	Hispanic Population	Hispanic %Across	All Others Population	All Others %Across
Allen	KY	20,349	19,536	96.0%	147	0.7%	33	0.2%	335	1.6%	298	1.5%
Ballard	KY	8,253	7,751	93.9%	237	2.9%	13	0.2%	100	1.2%	152	1.8%
Bedford	TN	46,028	35,726	77.6%	3,401	7.4%	382	0.8%	5,607	12.2%	912	2.0%
Butler	KY	12,987	12,420	95.6%	43	0.3%	19	0.1%	376	2.9%	129	1.0%
Caldwell	KY	12,954	11,878	91.7%	671	5.2%	36	0.3%	140	1.1%	229	1.8%
Calloway	KY	37,949	34,171	90.0%	1,412	3.7%	700	1.8%	1,000	2.6%	666	1.8%
Cannon	TN	13,706	13,083	95.5%	158	1.2%	20	0.1%	217	1.6%	228	1.7%
Carlisle	KY	4,979	4,774	95.9%	31	0.6%	15	0.3%	90	1.8%	69	1.4%
Cheatham	TN	39,028	36,686	94.0%	544	1.4%	156	0.4%	1,010	2.6%	632	1.6%
Christian	KY	73,129	50,346	68.8%	14,720	20.1%	733	1.0%	4,706	6.4%	2,624	3.6%
Clay	TN	7,638	7,305	95.6%	96	1.3%	5	0.1%	126	1.6%	106	1.4%
Coffee	TN	53,256	47,677	89.5%	1,813	3.4%	466	0.9%	2,231	4.2%	1,069	2.0%
Crittenden	KY	9,355	9,090	97.2%	81	0.9%	18	0.2%	47	0.5%	119	1.3%
Cumberland	TN	57,297	54,683	95.4%	168	0.3%	268	0.5%	1,486	2.6%	692	1.2%
Davidson	TN	645,722	359,135	55.6%	179,429	27.8%	20,454	3.2%	71,286	11.0%	15,418	2.4%
Daviess	KY	97,876	87,368	89.3%	4,715	4.8%	742	0.8%	2,963	3.0%	2,088	2.1%
DeKalb	TN	19,002	17,095	90.0%	226	1.2%	54	0.3%	1,393	7.3%	234	1.2%
Dickson	TN	50,556	45,407	89.8%	2,001	4.0%	221	0.4%	1,855	3.7%	1,072	2.1%
Edmonson	KY	11,998	11,532	96.1%	188	1.6%	29	0.2%	104	0.9%	145	1.2%
Fentress	TN	18,086	17,594	97.3%	28	0.2%	38	0.2%	212	1.2%	214	1.2%
Franklin	TN	40,736	36,413	89.4%	2,016	4.9%	329	0.8%	1,108	2.7%	870	2.1%
Fulton	KY	6,683	4,857	72.7%	1,576	23.6%	50	0.7%	52	0.8%	148	2.2%
Giles	TN	29,252	25,024	85.5%	2,847	9.7%	111	0.4%	517	1.8%	753	2.6%
Graves	KY	37,978	33,010	86.9%	1,611	4.2%	138	0.4%	2,450	6.5%	769	2.0%
Grundy	TN	13,350	12,962	97.1%	40	0.3%	24	0.2%	103	0.8%	221	1.7%
Henderson	KY	46,571	40,790	87.6%	3,652	7.8%	203	0.4%	965	2.1%	961	2.1%
Hickman	KY	4,640	4,071	87.7%	415	8.9%	13	0.3%	56	1.2%	85	1.8%
Hickman	TN	24,053	22,002	91.5%	1,062	4.4%	53	0.2%	493	2.0%	443	1.8%
Hopkins	KY	46,873	41,674	88.9%	3,090	6.6%	280	0.6%	807	1.7%	1,022	2.2%
Houston	TN	8,218	7,738	94.2%	162	2.0%	27	0.3%	130	1.6%	161	2.0%
Humphreys	TN	18,381	17,328	94.3%	426	2.3%	29	0.2%	306	1.7%	292	1.6%
Jackson	TN	11,046	10,663	96.5%	31	0.3%	10	0.1%	172	1.6%	170	1.5%
Lawrence	TN	42,385	40,033	94.5%	647	1.5%	126	0.3%	762	1.8%	817	1.9%
Lewis	TN	12,114	11,416	94.2%	202	1.7%	48	0.4%	238	2.0%	210	1.7%
Lincoln	TN	33,500	29,420	87.8%	2,202	6.6%	117	0.3%	1,023	3.1%	738	2.2%
Livingston	KY	9,542	9,245	96.9%	17	0.2%	22	0.2%	136	1.4%	122	1.3%
Logan	KY	26,726	23,799	89.0%	1,638	6.1%	68	0.3%	735	2.8%	486	1.8%
Lyon	KY	8,317	7,694	92.5%	403	4.8%	26	0.3%	82	1.0%	112	1.3%
Macon	TN	22,760	21,285	93.5%	90	0.4%	43	0.2%	1,075	4.7%	267	1.2%
Marshall	KY	31,125	30,314	97.4%	50	0.2%	91	0.3%	374	1.2%	296	1.0%
Marshall	TN	31,183	26,972	86.5%	1,906	6.1%	140	0.4%	1,535	4.9%	630	2.0%
Maury	TN	82,133	65,783	80.1%	9,802	11.9%	540	0.7%	4,267	5.2%	1,741	2.1%
McCracken	KY	66,194	55,229	83.4%	7,221	10.9%	569	0.9%	1,565	2.4%	1,610	2.4%
McLean	KY	9,519	9,249	97.2%	58	0.6%	12	0.1%	111	1.2%	89	0.9%
Monroe	KY	10,900	10,230	93.9%	211	1.9%	9	0.1%	318	2.9%	132	1.2%
Montgomery	TN	181,674	120,329	66.2%	33,411	18.4%	3,742	2.1%	15,724	8.7%	8,468	4.7%
Moore	TN	6,467	6,127	94.7%	139	2.1%	29	0.4%	76	1.2%	96	1.5%
Muhlenberg	KY	30,986	28,784	92.9%	1,373	4.4%	43	0.1%	393	1.3%	393	1.3%
Ohio	KY	24,408	22,905	93.8%	194	0.8%	47	0.2%	1,017	4.2%	245	1.0%
Overton	TN	22,263	21,570	96.9%	92	0.4%	49	0.2%	216	1.0%	336	1.5%
Perry	TN	7,874	7,437	94.5%	109	1.4%	16	0.2%	146	1.9%	166	2.1%
Pickett	TN	5,174	5,050	97.6%	5	0.1%	5	0.1%	74	1.4%	40	0.8%
Putnam	TN	73,688	65,709	89.2%	1,495	2.0%	891	1.2%	4,337	5.9%	1,256	1.7%
Robertson	TN	68,061	57,242	84.1%	4,773	7.0%	359	0.5%	4,544	6.7%	1,143	1.7%
Rutherford	TN	276,375	202,924	73.4%	36,172	13.1%	9,031	3.3%	21,069	7.6%	7,179	2.6%
Simpson	KY	17,431	14,997	86.0%	1,574	9.0%	115	0.7%	370	2.1%	375	2.2%
Smith	TN	19,122	17,918	93.7%	381	2.0%	31	0.2%	465	2.4%	327	1.7%
Stewart	TN	13,014	12,149	93.4%	187	1.4%	116	0.9%	271	2.1%	291	2.2%
Sumner	TN	167,264	144,009	86.1%	10,833	6.5%	1,818	1.1%	7,454	4.5%	3,150	1.9%
Todd	KY	12,461	10,745	86.2%	956	7.7%	8	0.1%	564	4.5%	188	1.5%
Trigg	KY	14,257	12,640	88.7%	1,097	7.7%	45	0.3%	184	1.3%	291	2.0%
Trousdale	TN	7,748	6,660	86.0%	694	9.0%	20	0.3%	214	2.8%	160	2.1%
Union	KY	15,131	12,769	84.4%	1,782	11.8%	58	0.4%	245	1.6%	277	1.8%
Van Buren	TN	5,403	5,249	97.1%	25	0.5%	7	0.1%	57	1.1%	65	1.2%

Warren	KY	117,530	94,712	80.6%	10,605	9.0%	3,651	3.1%	5,876	5.0%	2,686	2.3%
Warren	TN	40,016	34,577	86.4%	1,042	2.6%	195	0.5%	3,538	8.8%	664	1.7%
Wayne	TN	16,859	15,395	91.3%	913	5.4%	26	0.2%	306	1.8%	219	1.3%
Webster	KY	13,718	12,230	89.2%	533	3.9%	43	0.3%	662	4.8%	250	1.8%
White	TN	26,506	25,048	94.5%	465	1.8%	73	0.3%	475	1.8%	445	1.7%
Williamson	TN	194,928	167,389	85.9%	7,826	4.0%	6,673	3.4%	9,593	4.9%	3,447	1.8%
Wilson	TN	119,707	103,789	86.7%	7,578	6.3%	1,503	1.3%	4,454	3.7%	2,383	2.0%
Total		**3,412,392**	**2,708,811**	**79.4%**	**375,738**	**11.0%**	**56,074**	**1.6%**	**196,988**	**5.8%**	**74,781**	**2.2%**

Socioeconomic Characteristics

County	State	2013 Total Households Count	2013 Total Households %Down	2013 Median HH Income	Median Age of Total Population	Median Home Value
Allen	KY	8,022	0.6%	$34,390	39.6	$94,083
Ballard	KY	3,399	0.3%	$42,094	43.0	$72,249
Bedford	TN	16,856	1.3%	$35,847	36.5	$107,094
Butler	KY	5,198	0.4%	$33,690	40.4	$82,360
Caldwell	KY	5,374	0.4%	$34,758	43.1	$76,852
Calloway	KY	15,934	1.2%	$38,558	34.5	$112,519
Cannon	TN	5,451	0.4%	$36,961	42.1	$107,837
Carlisle	KY	2,066	0.2%	$33,737	43.0	$65,784
Cheatham	TN	14,575	1.1%	$47,846	40.1	$147,545
Christian	KY	25,900	1.9%	$35,146	29.6	$106,686
Clay	TN	3,266	0.2%	$31,579	45.6	$89,970
Coffee	TN	21,117	1.6%	$36,082	39.9	$111,173
Crittenden	KY	3,801	0.3%	$35,029	42.6	$72,965
Cumberland	TN	24,406	1.8%	$33,147	49.0	$137,353
Davidson	TN	267,363	20.0%	$40,192	34.8	$168,301
Daviess	KY	39,217	2.9%	$39,104	38.8	$114,005
DeKalb	TN	7,514	0.6%	$32,138	41.5	$99,546
Dickson	TN	19,481	1.5%	$37,026	39.1	$125,196
Edmonson	KY	4,802	0.4%	$34,867	41.9	$88,098
Fentress	TN	7,301	0.5%	$29,637	42.9	$101,986
Franklin	TN	15,946	1.2%	$39,243	41.8	$105,467
Fulton	KY	2,828	0.2%	$33,263	42.8	$58,636
Giles	TN	11,819	0.9%	$31,864	42.4	$89,345
Graves	KY	15,330	1.1%	$35,472	40.0	$82,566
Grundy	TN	5,280	0.4%	$25,879	41.9	$82,243
Henderson	KY	18,871	1.4%	$39,478	40.0	$95,614
Hickman	TN	8,734	0.7%	$42,321	40.5	$99,915
Hickman	KY	1,918	0.1%	$33,261	45.2	$67,021
Hopkins	KY	18,982	1.4%	$39,349	40.7	$84,241
Houston	TN	3,264	0.2%	$34,201	42.3	$89,021
Humphreys	TN	7,382	0.6%	$36,265	42.4	$106,250
Jackson	TN	4,554	0.3%	$32,041	45.6	$91,250
Lawrence	TN	16,490	1.2%	$34,403	39.9	$93,051
Lewis	TN	4,778	0.4%	$35,045	41.7	$91,946
Lincoln	TN	13,438	1.0%	$41,089	42.0	$100,524
Livingston	KY	4,009	0.3%	$39,197	45.4	$70,464
Logan	KY	10,633	0.8%	$33,121	40.3	$87,424
Lyon	KY	3,308	0.2%	$41,699	48.5	$78,018
Macon	TN	8,749	0.7%	$28,824	39.0	$86,667
Marshall	KY	12,945	1.0%	$44,409	44.9	$99,122
Marshall	TN	12,080	0.9%	$34,925	39.4	$97,798

Maury	TN	32,265	2.4%	$43,774	38.6	$136,744
McCracken	KY	28,577	2.1%	$42,594	42.1	$125,178
McLean	KY	3,827	0.3%	$38,684	41.8	$66,047
Monroe	KY	4,503	0.3%	$27,140	42.5	$72,550
Montgomery	TN	67,407	5.1%	$47,161	31.0	$142,484
Moore	TN	2,540	0.2%	$43,522	44.1	$135,870
Muhlenberg	KY	11,845	0.9%	$37,372	41.2	$79,615
Ohio	KY	9,377	0.7%	$35,310	39.2	$75,192
Overton	TN	8,883	0.7%	$32,421	42.1	$76,116
Perry	TN	3,145	0.2%	$27,486	43.3	$66,325
Pickett	TN	2,225	0.2%	$30,596	48.1	$97,444
Putnam	TN	29,493	2.2%	$33,861	36.2	$131,794
Robertson	TN	24,853	1.9%	$50,092	38.0	$142,109
Rutherford	TN	101,215	7.6%	$47,362	33.2	$155,593
Simpson	KY	6,796	0.5%	$40,865	39.5	$114,822
Smith	TN	7,387	0.6%	$33,347	40.4	$118,133
Stewart	TN	5,273	0.4%	$40,618	43.4	$111,770
Sumner	TN	63,608	4.8%	$44,284	39.1	$172,752
Todd	KY	4,632	0.3%	$32,668	36.9	$81,991
Trigg	KY	5,836	0.4%	$41,688	44.8	$105,426
Trousdale	TN	2,918	0.2%	$42,358	39.9	$111,151
Union	KY	5,614	0.4%	$40,184	36.4	$83,953
Van Buren	TN	2,197	0.2%	$27,311	45.1	$65,858
Warren	KY	45,175	3.4%	$39,525	33.5	$144,637
Warren	TN	15,917	1.2%	$29,798	39.7	$93,162
Wayne	TN	6,089	0.5%	$35,343	41.3	$75,837
Webster	KY	5,303	0.4%	$40,240	40.3	$68,973
White	TN	10,533	0.8%	$34,059	42.5	$98,140
Williamson	TN	69,091	5.2%	$83,220	39.1	$299,576
Wilson	TN	44,795	3.4%	$51,112	40.0	$188,107
Total		**1,333,700**	**100.0%**	**$42,446**	**37.7**	**$140,788**

Attachment C.Need.5

Surgical Services

2009 Joint Annual Report of Hospitals
Schedule D - Page 12

			Surgery							
			Inpatient				Outpatient			
ID	Hospital	County	Service Provided	Encounters	# O.R.'s	Procedures	Service Provided	Encounters	# Dedicated O.R.'s	Procedures
02214	Heritage Medical Center	Bedford	Yes	367	3	734	Yes	1,550	1	2,066
08214	Stones River Hospital	Cannon	Yes	151	2	12	Yes	595	0	1,176
11204	Centennial Medical Center at Ashland City	Cheatham	No	0	0	0	Yes	175	1	175
14204	Cumberland River Hospital	Clay	Yes	15	0	15	Yes	153	1	168
16214	United Regional Medical Center	Coffee	Yes	0	2	141	Yes	0	3	719
16234	Harton Regional Medical Center	Coffee	Yes	1,962	5	2,118	Yes	4,050	2	5,035
16244	Medical Center of Manchester	Coffee	Yes	- 257	2	264	Yes	720	2	764
18224	Cumberland Medical Center, Inc.	Cumberland	Yes	1,683	9	3,096	No	2,909	0	4,867
19214	Southern Hills Medical Center	Davidson	Yes	1,148	10	1,408	Yes	2,662	10	4,318
19234	Skyline Medical Center Campus	Davidson	No	0	0	0	No	0	0	0
19244	Metropolitan Nashville General Hospital	Davidson	Yes	1,295	9	1,295	Yes	1,780	0	1,780
19254	Baptist Hospital	Davidson	Yes	9,008	26	24,852	Yes	8,054	0	14,023
19274	Saint Thomas Hospital	Davidson	Yes	7,857	18	24,554	Yes	2,885	2	5,360
19284	Vanderbilt University Hospitals	Davidson	Yes	21,283	54	40,462	Yes	18,597	3	30,627
19324	Centennial Medical Center	Davidson	Yes	8,690	33	12,733	Yes	11,571	4	17,845
19334	Skyline Medical Center	Davidson	Yes	2,393	12	0	Yes	3,081	0	0
19344	Summit Medical Center	Davidson	Yes	1,962	10	2,138	Yes	3,797	0	4,299
19354	The Center for Spinal Surgery	Davidson	Yes	1,158	6	1,158	No	2,102	0	2,102
19404	Middle Tennessee Mental Health Institute	Davidson	No	0	0	0	No	0	0	0
19754	Kindred Hospital - Nashville	Davidson	No	0	0	0	No	0	0	0
19764	Vanderbilt Stallworth Rehabilitation Hospital	Davidson	No	0	0	0	No	0	0	0
19784	Select Specialty Hospital - Nashville	Davidson	No	0	0	0	No	0	0	0
21234	DeKalb Community Hospital	Dekalb	Yes	205	3	378	Yes	1,620	0	3,496
22204	Horizon Medical Center	Dickson	Yes	1,365	7	2,730	Yes	3,698	0	5,177
25204	Jamestown Regional Medical Center	Fentress	Yes	0	2	426	Yes	0	1	420
26204	Emerald - Hodgson Hospital	Franklin	No	0	0	0	No	0	0	0
26224	Southern Tennessee Medical Center	Franklin	Yes	0	6	976	Yes	0	0	2,298
28214	Hillside Hospital	Giles	Yes	448	4	0	Yes	1,521	0	0
41214	Hickman Community Hospital	Hickman	No	0	0	0	No	0	0	0
42204	Patient's Choice Medical Center of Erin, TN	Houston	Yes	0	3	0	Yes	28	0	28
43204	Three Rivers Hospital	Humphreys	Yes	1	2	2	Yes	48	0	57
50234	Crockett Hospital	Lawrence	Yes	678	6	678	Yes	2,102	0	2,102
52214	Lincoln Medical Center	Lincoln	Yes	210	2	210	Yes	895	1	895
56204	Macon County General Hospital	Macon	Yes	0	1	0	Yes	218	1	253
59244	Marshall Medical Center	Marshall	Yes	45	2	53	Yes	487	0	541
60224	Maury Regional Hospital	Maury	Yes	3,057	11	6,319	Yes	4,345	2	7,371

Source: Tennessee Department of Health, Division of Health Statistics

2009 Joint Annual Report of Hospitals Schedule D - Page 12			Surgery							
			Inpatient				Outpatient			
ID	Hospital	County	Service Provided	Encounters	# O.R.'s	Procedures	Service Provided	Encounters	# Dedicated O.R.'s	Procedures
63204	Gateway Medical Center	Montgomery	Yes	2,111	10	2,418	Yes	4,095	0	4,650
67214	Livingston Regional Hospital	Overton	Yes	572	3	572	Yes	1,676	4	1,676
68204	Perry Community Hospital	Perry	Yes	4	0	4	Yes	100	1	100
71204	Cookeville Regional Medical Center	Putnam	Yes	2,528	10	3,559	Yes	6,249	0	8,480
74214	NorthCrest Medical Center	Robertson	Yes	1,160	5	1,217	Yes	3,478	0	3,650
75214	Middle Tennessee Medical Center, Inc.	Rutherford	Yes	0	10	3,285	Yes	0	0	4,431
75234	StoneCrest Medical Center	Rutherford	Yes	1,861	7	1,861	Yes	4,467	0	4,467
80204	Riverview Regional Medical Center North	Smith	Yes	0	2	367	Yes	0	1	1,114
80214	Riverview Regional Medical Center South	Smith	No	0	0	0	No	0	0	0
83204	Portland Medical Center	Sumner	No	0	0	0	No	0	0	0
83244	Sumner Regional Medical Center	Sumner	Yes	1,562	6	0	Yes	3,306	2	0
83254	Hendersonville Medical Center	Sumner	Yes	1,769	8	9,123	Yes	6,128	0	15,083
85214	Trousdale Medical Center	Trousdale	Yes	38	1	138	Yes	154	1	167
89234	River Park Hospital	Warren	Yes	690	4	786	Yes	1,922	2	2,009
91214	Wayne Medical Center	Wayne	Yes	18	1	18	No	0	0	0
93204	White County Community Hospital	White	Yes	240	2	240	Yes	1,085	1	1,085
94234	Williamson Medical Center	Williamson	Yes	2,955	11	3,210	Yes	3,527	0	3,608
94804	Rolling Hills Hospital	Williamson	No	0	0	0	No	0	0	0
95204	McFarland Hospital	Wilson	No	0	0	0	No	0	0	0
95224	University Medical Center	Wilson	Yes	2,684	4	0	Yes	5,287	4	0

Attachment C.Economic Feasibility.1

Estimated Construction Cost Letter

Turner Universal

July 17, 2013

Jim Tenpenny
Architect/Project Manager
Vanderbilt Office of Space and Facilities Planning
3319 West End Ave., Suite 200
Nashville, TN 37203-1050

RE: VUMC TVC 3rd Floor 4 OR's

Dear Mr. Tenpenny,

We have completed a Conceptual Estimate for the upcoming VUMC TVC 3rd Floor 4 OR's Project and agree that a construction budget of Four Million, Three Hundred Twenty-six Thousand, Four Hundred Eighty-two Dollars ($4,326,482) is appropriate based on the conceptual design and falls in line with similar projects in the surrounding areas.

We anticipate the construction schedule of 7 months to complete the 4 new OR's, adjacent shell space and surrounding support spaces. We appreciate the opportunity and look forward to another successful project.

Sincerely,

Brad Simmons
Project Executive
Turner Universal

CC: Paul Lawson - TCCO

Attachment C. Economic Feasibility.2.E

Funding Documentation

VANDERBILT UNIVERSITY MEDICAL CENTER

Department of Finance

August 21, 2013

Ms. Melanie M. Hill
Executive Director
Tennessee Health Services & Development Agency
Frost Building, 3rd Floor
161 Rosa L. Parks Blvd
Nashville, TN 37243

Dear Ms. Hill,

This letter will confirm that Vanderbilt University by and through its Vanderbilt University Medical Center has financing resources sufficient to fund the project described in the Certificate of Need application. Funding of the project will be provided through a combination of cash reserves and/or philanthropy.

As evidence of Vanderbilt's ability to provide the necessary capital, the following information is offered.

1. As of June 30, 2012, Vanderbilt held cash & unrestricted investments with a fair market value of $4.8 billion.
2. Vanderbilt has revolving credit facilities totaling $500 million.
3. Vanderbilt has current credit ratings of Aa2/AA+/AA by Moody's Fitch/S&P.

Vanderbilt expects to finance the project with cash.

Sincerely,

Karen Nanney
Interim Senior Vice President of Finance
Vanderbilt University Medical Center

KN/jk

3319 West End Avenue
Suite 700
Nashville, TN 37203-6840

tel 615.322.2381
fax 615.343.4052
http://finweb.mc.vanderbilt.edu/

Attachment C.Economic Feasibility.6.A

List of Procedures

CAS_PRIMPROC	PMF_DESCRP
10060	INCISION & DRAINAGE; ABSCESS (10060)
10061	INCISION & DRAINAGE; ABSCESS (10061)
10080	INCISION & DRAINAGE; PILONIDAL CYST (10080)
10180	INCISION & DRAINAGE; POSTOP WOUND (10180)
11004	DEBRIDEMENT OF PERINEUM (11004)
11005	DEBRIDEMENT OF ABDOMEN (11005)
11042	WOUND DEBRIDEMENT; SUPERFICIAL (11042)
11403	BENIGN LESION EXCISION; ABDOMEN/TRUNK/EXTREMITY (11403)
11426	BENIGN LESION EXCISION; HEAD/NECK/GENITALIA (11426)
11604	MALIGNANT LESION EXCISION; ABDOMEN/TRUNK/EXTREMITY (11604)
11770	PILONIDAL CYST EXCISION (11770)
13160	CLOSURE; WOUND DEHISCENCE EXTENSIVE (13160)
15271	SKIN SUBSTITUTE GRAFT; TRUNK/EXTREMITY (15271)
15850	REMOVAL, SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON
17004	PREMALIGNANT LESION(S) DESTRUCTION (17004)
17110	BENIGN LESION(S) DESTRUCTION (17110)
19120	EXCISIONAL BREAST BX (19120)
19125	EXCISIONAL BREAST BX; NEEDLE-LOCALIZED (19125)
19260	EXCISION, CHEST WALL TUMOR W/ RIBS
19290	EXCISIONAL BREAST BX; NEEDLE-LOCALIZED (19290)
19300	MASTECTOMY FOR GYNECOMASTIA (19300)
19301	PARTIAL MASTECTOMY (19301)
19303	MASTECTOMY (19303)
19307	MODIFIED RADICAL MASTECTOMY (19307)
20103	WOUND EXPLORATION; EXTREMITY (20103)
20200	MUSCLE BX (20200)
20205	MUSCLE BX (20205)
21011	EXCISIONAL SOFT TISSUE TUMOR; FACE/SCALP (21011)
21550	BX, SOFT TISSUE, NECK/THORAX
21555	EXCISIONAL SOFT TISSUE TUMOR; NECK/THORAX (21555)
21930	EXCISION, TUMOR, SOFT TISSUE, BACK/FLANK
21931	EXCISION, TUMOR, SOFT TISUUE OF BACK OR FLANK, SUBCUTANEOUS; 3CM OR GREATER
21932	EXCISION, TUMOR, SOFT TISUUE OF BACK OR FLANK, SUBFASCIAL; LESS THAN 5CM
22900	ABDOMINAL WALL TUMOR EXCISION (22900)
22901	ABDOMINAL WALL TUMOR EXCISION (22901)
22902	ABDOMINAL WALL TUMOR EXCISION (22902)
22905	ABDOMINAL WALL TUMOR EXCISION (22905)
24065	BX, SOFT TISSUE, UPPER ARM/ELBOW AREA; SUPERFICIAL
24073	EXCISIONAL SOFT TISSUE TUMOR; UPPER EXTREMITY (24073)
24075	EXCISIONAL SOFT TISSUE TUMOR; UPPER EXTREMITY (24075)
26990	INCISION & DRAINAGE, PELVIS/HIP JOINT AREA; DEEP ABSCESS/HEMATOMA
27049	RADICAL RESECTION, TUMOR, SOFT TISSUE, PELVIS & HIP AREA
27059	RADICAL RESECTION OF TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA; 5CM OR GREATER
27301	INCISION & DRAINAGE; THIGH/KNEE ABSCESS (27301)
27329	RADICAL RESECTION, TUMOR, SOFT TISSUE, THIGH/KNEE AREA
27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR/LATERAL COMPARTMENT W/ DEBRIDEMENT, MUSCLE/NERVE
31600	TRACHEOSTOMY (31600)
36557	INSERTION HICKMAN; UNDER 4 (36557)
36558	INSERTION HICKMAN (36558)
36561	INSERTION PORTACATH (36561)
36576	REPAIR/REPLACE PORTACATH (36576)
36590	REMOVAL PORTACATH (36590)
37609	LIGATION/BX, TEMPORAL ARTERY
38100	SPLENECTOMY (38100)
38102	SPLENECTOMY (38102)
38120	LAPAROSCOPIC SPLENECTOMY (38120)
38308	LYMPHANGIOTOMY/OTHER OPERATIONS ON LYMPHATIC CHANNELS
38500	SENTINEL LYMPH NODE BX; INGUINAL (38500)
38510	SENTINEL LYMPH NODE BX; CERVICAL (38510)
38525	SENTINEL LYMPH NODE BX; AXILLARY (38525)
38570	LAPAROSCOPIC RETROPERITONEAL LYMPH NODE BX (38570)
38745	LYMPHADENECTOMY; AXILLARY (38745)
38747	LYMPHADENECTOMY; ABDOMINAL (38747)
38765	LYMPHADENECTOMY; INGUINAL (38765)
38770	LYMPHADENECTOMY; PELVIC (38770)

CAS_PRIMPROC	PMF_DESCRP
38780	LYMPHADENECTOMY; RETROPERITONEAL (38780)
39502	NISSEN FUNDIPLICATION (39502)
39520	NISSEN FUNDIPLICATION (39520)
39541	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; CHRONIC
40818	BUCCAL MUCOSA GRAFT (40818)
42955	PHARYNGOSTOMY (FISTULIZATION, PHARYNX, EXT, FEEDING)
43107	TOTAL/NEAR TOTAL ESOPHAGECTOMY, W/O THORACOTOMY; W/ PHARYNGOGASTROSTOMY/CERVICAL ESOPHAGOGASTROSTOMY
43112	TOTAL/NEAR TOTAL ESOPHAGECTOMY, W/ THORACOTOMY; W/ PHARYNGOGASTROSTOMY/CERVICAL ESOPHAGOGASTROSTOMY
43200	ESOPHAGOSCOPY W/WO BX (43200)
43220	ESOPHAGOSCOPY W/DILATION (43220)
43234	EGD (43234)
43235	EGD (43235)
43239	EGD (43239)
43245	EGD W/DILATION (43245)
43246	EGD W/PEG or PEJ PLACEMENT (43246)
43247	EGD; REMOVAL FOREIGN BODY (43247)
43249	EGD W/DILATION (43249)
43257	UPPER GI ENDOSCOPY; W/DELIVERY THERMAL ENERGY FOR TREATMENT OF GASTROESOPHAGEAL REFLUX DISEASE
43260	ERCP; DIAGNOSTIC (43260)
43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY; W/ SPHINCTEROTOMY/PAPILLOTOMY
43279	LAPAROSCOPIC HELLER MYOTOMY (43279)
43280	LAPAROSCOPIC NISSEN W/WO MESH (43280)
43281	LAPAROSCOPIC NISSEN W/WO MESH (43281)
43282	LAPAROSCOPIC NISSEN W/WO MESH (43282)
43324	NISSEN FUNDIPLICATION (43324)
43326	NISSEN FUNDIPLICATION (43326)
43327	NISSEN FUNDIPLICATION (43327)
43332	PARAESOPHAGEAL HERNIA REPAIR (43332)
43333	REPAIR, PARAESOPHAGEAL HIATAL HERNIS, VIA LAPAROTOMY WITH IMPLANTATION OF MESH/PROTHESIS
43340	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); ABDOMINAL APPROACH
43360	GI RECONSTRUCTION, PRIOR ESOPHAGECTOMY; W/ STOMACH, W/WO PYLOROPLASTY
43620	GASTRECTOMY (43620)
43621	GASTRECTOMY (43621)
43631	PARTIAL GASTRECTOMY (43631)
43632	PARTIAL GASTRECTOMY (43632)
43633	PARTIAL GASTRECTOMY (43633)
43644	LAPAROSCOPIC GASTRIC BYPASS (43644)
43647	LAPAROSCOPIC GASTRIC PACER (43647)
43653	LAPAROSCOPIC GASTRIC TUBE PLACEMENT (43653)
43659	UNLISTED PROC, LAPAROSCOPY, STOMACH
43760	EGD W/PEG or PEJ PLACEMENT (43760)
43770	LAPAROSCOPIC GASTRIC BAND PLACEMENT (43770)
43772	LAPAROSCOPIC REVISION/REMOVAL GASTRIC BAND (43772)
43774	LAPAROSCOPIC REVISION/REMOVAL GASTRIC BAND (43774)
43775	LAPAROSCOPIC VERTICAL SLEEVE GASTRECTOMY (43775)
43810	GASTRODUODENOSTOMY
43820	GASTROJEJUNOSTOMY (43820)
43830	GASTROSTOMY (43830)
43846	GASTRIC SLEEVE (43846)
43860	REVISION, GASTROJEJUNAL ANASTOMOSIS W/ RECONSTRUCTION W/WO PART GASTRECT/INTESTINE RESECT; W/O VAGOTOMY
43870	CLOSURE; GASTROSTOMY (43870)
43880	CLOSURE; GASTROSTOMY (43880)
43886	GASTRIC RESTRICTIVE PROCEDURE; COMPONENT ONLY (43886)
44005	LYSIS OF ADHESIONS (44005)
44015	INSERTION JEJUNOSTOMY TUBE (44015)
44055	EXPLORATORY LAPAROTORY FOR VOLVULUS (44055)
44110	EXCISION, 1+ LESION, SMALL/LARGE INTESTINE; SINGLE ENTEROTOMY
44120	SMALL BOWEL RESECTION (44120)
44128	SMALL BOWEL RESECTION (44128)
44139	PARTIAL COLECTOMY (44139)
44140	PARTIAL COLECTOMY (44140)
44141	PARTIAL COLECTOMY (44141)
44145	LOWER ANTERIOR RESECTION (44145)
44146	LOWER ANTERIOR RESECTION (44146)
44150	COLECTOMY (44150)

CAS_PRIMPROC	PMF_DESCRP
44155	COLECTOMY (44155)
44157	COLECTOMY W/ILEOANAL POUCH (44157)
44158	COLECTOMY W/ILEOANAL POUCH (44158)
44160	PARTIAL COLECTOMY (44160)
44180	LAPAROSCOPIC LYSIS OF ADHESIONS (44180)
44187	LAPAROSCOPIC ILEOSTOMY (44187)
44188	LAPAROSCOPIC COLOSTOMY (44188)
44202	LAPAROSCOPIC SMALL BOWEL RESECTION (44202)
44204	LAPAROSCOPIC PARTIAL BOWEL RESECTION (44204)
44205	LAPAROSCOPIC PARTIAL BOWEL RESECTION (44205)
44206	LAPAROSCOPIC PARTIAL BOWEL RESECTION (44206)
44207	LAPAROSCOPIC LOWER ANTERIOR RESECTION (44207)
44208	LAPAROSCOPIC LOWER ANTERIOR RESECTION (44208)
44210	LAPAROSCOPIC COLECTOMY (44210)
44211	LAPAROSCOPIC COLECTOMY W/ILEOANAL POUCH (44211)
44212	LAPAROSCOPIC COLECTOMY W/ILEOANAL POUCH (44212)
44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)
44310	ILEOSTOMY (44310)
44312	REVISION ILEOSTOMY (44312)
44314	REVISION ILEOSTOMY (44314)
44320	COLOSTOMY (44320)
44340	REVISION COLOSTOMY (44340)
44345	REVISION COLOSTOMY (44345)
44346	PARASTOMAL HERNIA REPAIR (44346)
44385	POUCHOSCOPY; DIAGNOSTIC W/WO BX (44385)
44620	CLOSURE; ILEOSTOMY (44620)
44820	EXCISION, LESION, MESENTERY (SEP PROC)
44970	LAPAROSCOPIC APPENDECTOMY (44970)
45000	INCISION & DRAINAGE; PELVIC ABSCESS (45000)
45100	ANOSCOPY W/WO BX (45100)
45110	ABDOMINOPERINEAL RESECTION (45110)
45111	PROCTECTOMY (45111)
45113	PROCTECTOMY (45113)
45119	PROCTECTOMY (45119)
45123	PROCTECTOMY (45123)
45126	PELVIC EXENTERATION (45126)
45130	PROLAPSE RECTUM REPAIR (45130)
45136	EXCISION, ILEOANAL RESERVOIR W ILEOSTOMY
45160	RETRORECTAL MASS EXCISION (45160)
45171	TRANSANAL MASS EXCISION (45171)
45330	SIGMOIDOSCOPY W/WO BX (45330)
45378	COLONOSCOPY; DIAGNOSTIC W/WO BX (45378)
45395	LAPAROSCOPIC ABDOMINOPERINEAL RESECTION (45395)
45540	ABDOMINAL RECTOPEXY (45540)
45560	RECTOCELE REPAIR; ABD APPROACH (45560)
45800	CLOSURE; RECTOURETHRAL FISTULA (MALE) (45800)
45910	ANOSCOPY W/DILATION (45910)
45990	ANOSCOPY; DIAGNOSTIC (45990)
45999	UNLISTED PROC, RECTUM
46020	ANOSCOPY W/INSERTION OF SETON (46020)
46040	INCISION & DRAINAGE; PERIRECTAL ABSCESS (46040)
46080	FISSURECTOMY W/WO SPHINCTEROTOMY (46080)
46220	ANOSCOPY; REMOVAL OF LESION (46220)
46221	HEMORRHOIDECTOMY (46221)
46250	HEMORRHOIDECTOMY (46250)
46255	HEMORRHOIDECTOMY (46255)
46270	ANOSCOPY W/INSERTION OF SETON (46270)
46275	ANOSCOPY W/INSERTION OF SETON (46275)
46280	ANOSCOPY W/INSERTION OF SETON (46280)
46288	CLOSURE; FISTULA W/RECTAL ADV FLAP (46288)
46505	ANOSCOPY W/BOTOX INJECTION (46505)
46600	ANOSCOPY W/WO BX (46600)
46604	ANOSCOPY W/DILATION (46604)
46606	ANOSCOPY W/WO BX (46606)
46706	ANOSCOPY W/FIBRIN GLUE (46706)

CAS_PRIMPROC	PMF_DESCRP
46750	SPHINCTEROPLASTY (46750)
46922	ANAL LESION EXCISION (46922)
47000	HEPATIC BX (47000)
47100	HEPATIC BX (47100)
47120	PARTIAL HEPATECTOMY (47120)
47122	HEPATECTOMY, RESECTION, LIVER; TRISEGMENTECTOMY
47125	HEPATECTOMY; RESECTION LEFT (47125)
47130	HEPATECTOMY; RESECTION RIGHT (47130)
47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER
47420	CHOLEDOCHOTOMY/OSTOMY W/ EXPLORE/DRAIN/REMOVAL CALCULUS; W/O TRANSDUODENAL SPHINCTEROTOMY/PLASTY
47562	LAPAROSCOPIC CHOLECYSTECTOMY W/WO IOC (47562)
47563	LAPAROSCOPIC CHOLECYSTECTOMY W/WO IOC (47563)
47564	LAPAROSCOPIC BILE DUCT EXPLORATION (47564)
47600	CHOLECYSTECTOMY W/WO IOC (47600)
47605	CHOLECYSTECTOMY W/WO IOC (47605)
47612	BILE DUCT EXPLORATION (47612)
47780	BILE DUCT REPAIR (47780)
48105	DEBRIDEMENT OF PANCREAS (48105)
48120	EXCISION PANCREATIC LESION (48120)
48140	DISTAL PANCREATECTOMY (48140)
48148	AMPULLECTOMY (48148)
48150	WHIPPLE PROCEDURE (48150)
48153	WHIPPLE PROCEDURE (48153)
48154	PANCREATECTOMY (PYLORUS SPARING, WHIPPLE); W/O PANCREATOJEJUNOSTOMY
48155	PANCREATECTOMY (48155)
48510	PANCREATIC PSEUDOCYST; EXTERNAL DRAINAGE (48510)
48511	EXT DRAINAGE, PSEUDOCYST, PANCREAS; PERCUTANEOUS
48520	ANASTOMOSIS PANCREATIC CYST; DIRECT (48520)
48548	PUESTOW (PANCREATICOJEJUNOSTOMY) (48548)
48999	UNLISTED PROC, PANCREAS
49000	EXPLORATORY LAPAROTOMY (49000)
49002	LAPAROTOMY FOR OPEN ABD (49002)
49010	INCISION & DRAINAGE; PERITONEAL ABSCESS (49010)
49203	ABDOMINAL TUMOR EXCISION & DEBULKING (49203)
49204	ABDOMINAL TUMOR EXCISION & DEBULKING (49204)
49205	ABDOMINAL TUMOR EXCISION & DEBULKING (49205)
49215	EXCISION, PRESACRAL/SACROCOCCYGEAL TUMOR
49320	EXPLORATORY LAPAROSCOPY (49320)
49321	EXPLORATORY LAPAROSCOPY (49321)
49329	UNLISTED PROC, LAPAROSCOPY, ABDOMEN, PERITONEUM & OMENTUM
49425	INSERTION, PERITONEAL-VENOUS SHUNT
49440	EGD W/PEG or PEJ PLACEMENT (49440)
49441	EGD W/PEG or PEJ PLACEMENT (49441)
49451	EGD W/PEG or PEJ PLACEMENT (49451)
49452	EGD W/PEG or PEJ PLACEMENT (49452)
49505	INGUINAL HERNIORRAPHY W/WO MESH (49505)
49507	INGUINAL HERNIORRAPHY W/WO MESH (49507)
49520	INGUINAL HERNIORRAPHY W/WO MESH (49520)
49521	INGUINAL HERNIORRAPHY W/WO MESH (49521)
49550	REPAIR, INITIAL FEMORAL HERNIA, ANY AGE; REDUCIBLE
49560	INCISIONAL HERNIORRAPHY W/WO MESH (49560)
49561	INCISIONAL HERNIORRAPHY W/WO MESH (49561)
49565	INCISIONAL HERNIORRAPHY W/WO MESH (49565)
49566	INCISIONAL HERNIORRAPHY W/WO MESH (49566)
49568	IMPLANTATION OF MESH (49568)
49570	EPIGASTRIC HERNIORRAPHY W/WO MESH (49570)
49585	UMBILICAL HERNIORRAPHY W/WO MESH (49585)
49587	UMBILICAL HERNIORRAPHY W/WO MESH (49587)
49590	INCISIONAL HERNIORRAPHY W/WO MESH (49590)
49650	LAPAROSCOPIC INGUINAL HERNIORRAPHY W/WO MESH (49650)
49651	LAPAROSCOPIC INGUINAL HERNIORRAPHY W/WO MESH (49651)
49652	LAPAROSCOPIC INCISIONAL HERNIORRAPHY W/WO MESH (49652)
49654	LAPAROSCOPIC INCISIONAL HERNIORRAPHY W/WO MESH (49654)
49655	LAPAROSCOPIC INCISIONAL HERNIORRAPHY W/WO MESH (49655)
49656	LAPAROSCOPIC INCISIONAL HERNIORRAPHY W/WO MESH (49656)

CAS_PRIMPROC	PMF_DESCRP
49657	LAPAROSCOPIC INCISIONAL HERNIORRAPHY W/WO MESH (49657)
49900	SUTURE, SECONDARY, ABDOMINAL WALL, EVISCERATION/DEHISCENCE
49905	ABDOMINAL OMENTAL FLAP (49905)
50010	NEPHRECTOMY (50010)
50081	PERCUTANEOUS NEPHROLITHOTOMY (50081)
50220	NEPHRECTOMY (50220)
50230	NEPHRECTOMY (50230)
50234	NEPHRO-URETERECTOMY (50234)
50236	NEPHRO-URETERECTOMY (50236)
50240	PARTIAL NEPHRECTOMY (50240)
50380	RENAL AUTOTRANSPLANTATION, REIMPLANTATION, KIDNEY
50385	REMOVAL AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH, W/O CYSTOSCOPY
50392	PERCUTANEOUS NEPHROSTOMY; TUBE PLACEMENT (50392)
50393	PERCUTANEOUS NEPHROSTOMY; STENT PLACEMENT (50393)
50541	LAPAROSCOPIC ABLATION RENAL MASS (50541)
50542	LAPAROSCOPIC ABLATION RENAL MASS (50542)
50543	LAPAROSCOPIC PARTIAL NEPHRECTOMY (50543)
50544	LAPAROSCOPIC PYELOPLASTY (50544)
50545	LAPAROSCOPIC NEPHRECTOMY (50545)
50546	LAPAROSCOPIC NEPHRECTOMY (50546)
50548	LAPAROSCOPIC NEPHRO-URETERECTOMY (50548)
50551	PERCUTANEOUS NEPHROLITHOTOMY SECOND LOOK (50551)
50553	RENAL ENDOSCOPY THROUGH NEPHROSTOMY/PYELOSTOMY; W/ CATHETERIZATION, W/WO DILATION
50561	PERCUTANEOUS NEPHROLITHOTOMY SECOND LOOK (50561)
50590	SHOCKWAVE LITHOTRIPSY (50590)
50605	CYSTOSCOPY; URETERAL STENTS (50605)
50650	URETERECTOMY (50650)
50727	REVISION URINARY CUTANEOUS ANASTOMOSIS (50727)
50780	REIMPLANT URETER (50780)
50785	REIMPLANT URETER (50785)
50820	ILEAL CONDUIT (50820)
50825	CONTINENT URINARY OSTOMY (50825)
50840	REPLACEMENT, ALL/PART, URETER, INTESTINE SEGMENT, W/ INTESTINE ANASTOMOSIS
50947	LAPAROSCOPIC REIMPLANT URETER (50947)
51040	CYSTOTOMY; TUBE PLACEMENT (51040)
51050	CYSTOTOMY; REMOVAL BLADDER STONE (51050)
51102	INSERTION SUPRAPUBIC CATHETER (51102)
51500	URACHAL CYST EXCISION W/WO UMBILICAL HERNIORRAPHY (51500)
51550	PARTIAL CYSTECTOMY (51550)
51565	CYSTECTOMY, PARTIAL; W/ REIMPLANTATION, URETER(S) INTO BLADDER (URETERONEOCYSTOSTOMY)
51590	CYSTECTOMY W/ILEAL CONDUIT (51590)
51595	CYSTECTOMY W/ILEAL CONDUIT (51595)
51596	CYSTECTOMY W/CONTINENT DIVERSION; NEOBLADDER (51596)
51610	CYSTOGRAM (51610)
51702	INSERTION CATHETER (51702)
51705	CHANGE, CYSTOSTOMY TUBE; SIMPLE
51715	CYSTOSCOPY W/INJECTION (51715)
51900	CLOSURE; VESICOVAGINAL FISTULA ABD APPROACH (51900)
51960	BLADDER AUGMENTATION (51960)
52000	CYSTOSCOPY (52000)
52001	CYSTOSCOPY W/EVAC CLOTS (52001)
52005	CYSTOSCOPY W/INSERTION OF CATHETERS (52005)
52204	CYSTOSCOPY W/BX (52204)
52214	TRANSURETHRAL RESECTION BLADDER TUMOR (TURBT) (52214)
52224	TRANSURETHRAL RESECTION BLADDER TUMOR (TURBT) (52224)
52234	TRANSURETHRAL RESECTION BLADDER TUMOR (TURBT) (52234)
52235	TRANSURETHRAL RESECTION BLADDER TUMOR (TURBT) (52235)
52260	CYSTOSCOPY W/DILATION (52260)
52275	CYSTOSCOPY W/DVI URETHROTOMY (52275)
52276	CYSTOSCOPY W/DVI URETHROTOMY (52276)
52281	CYSTOSCOPY; URETHRAL STRICTURE (52281)
52282	CYSTOSCOPY; URETERAL STENTS (52282)
52287	CYSTOURETHROSCOPY W/INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER
52310	CYSTOSCOPY; REMOVAL OF STENT (52310)
52315	CYSTOSCOPY; REMOVAL OF STENT (52315)

CAS_PRIMPROC	PMF_DESCRP
52317	CYSTOSCOPY; REMOVAL BLADDER STONE (52317)
52318	CYSTOSCOPY; REMOVAL BLADDER STONE (52318)
52320	URETEROSCOPY W/WO LITHOTRIPSY (52320)
52325	CYSTOURETHROSCOPY; W/ FRAGMENTATION, URETERAL CALCULUS
52327	CYSTOSCOPY W/DEFLUX INJECTION (52327)
52332	CYSTOSCOPY; URETERAL STENTS (52332)
52334	CYSTOSCOPY; URETERAL STENTS (52334)
52342	URETEROSCOPY W/WO LITHOTRIPSY (52342)
52344	URETEROSCOPY W/URETERAL STRICTURE TX (52344)
52351	URETEROSCOPY DIAGNOSTIC (52351)
52352	URETEROSCOPY W/WO LITHOTRIPSY (52352)
52353	URETEROSCOPY W/WO LITHOTRIPSY (52353)
52354	URETEROSCOPY W/WO RENAL BX (52354)
52355	CYSTOURETHROSCOPY W/ URETEROSCOPY &/OR PYELOSCOPY; W/ RESECTION OF URETERAL OR RENAL PELVIC TUMOR
52450	TRANSURETHRAL INCISION OF PROSTATE (52450)
52500	TRANSURETHRAL RESECTION BLADDER NECK (52500)
52601	TRANSURETHRAL RESECTION PROSTATE (TURP) (52601)
52640	TRANSURETHRAL RESECTION BLADDER NECK (52640)
52649	LASER ENUCLEATION OF PROSTATE (HoLEP) (52649)
53010	URETHROSTOMY (53010)
53200	URETHRA BX (53200)
53215	URETHRECTOMY (53215)
53230	URETHRAL DIVERTICULECTOMY (53230)
53270	SKENES GLANDS EXCISION (53270)
53410	URETHROPLASTY; MALE ANTERIOR (53410)
53415	URETHROPLASTY; MALE POSTERIOR (53415)
53430	URETHROPLASTY; FEMALE (53430)
53440	SLING; MALE (53440)
53445	INSERTION ARTIFICIAL URINARY SPHINCTER (AUS) (53445)
53446	REMOVAL ARTIFICIAL URINARY SPHINCTER (AUS) (53446)
53447	REVISION ARTIFICIAL URINARY SPHINCTER (AUS) (53447)
53448	REMOVAL/REPLACEMENT, INFLATABLE URETHRAL/BLADDER NECK W PUMP, RESERVOIR & CUFF THRU INFECTED FIELD W I&D
53500	URETHROLYSIS; VAGINAL APPROACH (53500)
53600	URETHRAL DILATION (53600)
53855	INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL MEASUREMENT
54015	INCISION & DRAINAGE; PENIS (54015)
54057	PENILE LESION EXCISION W/LASER (54057)
54060	PENILE LESION EXCISION (54060)
54100	PENILE BX (54100)
54105	PENILE BX (54105)
54110	PLAQUE INCISION & GRAFT (PEYRONIES) (54110)
54111	EXCISION, PENILE PLAQUE (PEYRONIE DISEASE); W/ GRAFT TO 5 CM IN LENGTH
54112	PLAQUE INCISION & GRAFT (PEYRONIES) (54112)
54120	PENECTOMY (54120)
54125	PENECTOMY (54125)
54150	CIRCUMCISION (54150)
54161	CIRCUMCISION (54161)
54163	CIRCUMCISION REVISION (54163)
54360	CHORDEE STRAIGHTENING (54360)
54405	INSERTION PENILE PROTHESIS (IPP) (54405)
54406	REMOVAL PENILE PROTHESIS (54406)
54408	REVISION PENILE PROTHESIS (54408)
54410	REVISION PENILE PROTHESIS (54410)
54411	REMOVAL/REPLACEMENT, COMPONENTS, MULTICOMPONENT INFLATABLE PENILE PROSTHESIS, INFECTED W I&D
54430	PRIAPISM REPAIR (54430)
54520	ORCHIECTOMY; SCROTAL APPROACH (54520)
54522	PARTIAL ORCHIECTOMY (54522)
54530	ORCHIECTOMY; INGUINAL APPROACH (54530)
54535	ORCHIECTOMY; INGUINAL APPROACH (54535)
54700	INCISION & DRAINAGE; SCROTUM (54700)
54830	EPIDIDYMECTOMY (54830)
54840	SPERMATOCELECTOMY (54840)
54860	EPIDIDYMECTOMY (54860)
55040	HYDROCELECTOMY (55040)
55100	INCISION & DRAINAGE; SCROTUM (55100)

CAS_PRIMPROC	PMF_DESCRP
55150	RESECTION; SCROTUM (55150)
55250	VASECTOMY (55250)
55530	VARICOCELECTOMY (55530)
55700	PROSTATE BX W/ULTRASOUND (55700)
55706	PROSTATE BX W/ULTRASOUND (55706)
55842	PROSTATECTOMY, RETROPUBIC RADICAL W/WO NERVE SPARING; W/ LIMITED LYMPH NODE BX
55845	RETROPUBIC PROSTATECTOMY (55845)
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING
55873	CYROSURGICAL ABLATION; PROSTATE (55873)
55875	BRACHYTHERAPY PROSTATE (55875)
55899	UNLISTED PROC, MALE GENITAL SYSTEM
57135	VAGINAL/CERVICAL MASS EXCISION (57135)
57240	CYSTOCELE REPAIR; VAGINAL APPROACH (57240)
57288	SLING; STRESS INCONTINENCE (57288)
57295	REVISION VAGINAL MESH; VAG APPROACH (57295)
57308	CLOSURE; RECTOVAGINAL FISTULA VAGINAL APPROACH (57308)
57330	CLOSURE; VESICOVAGINAL FISTULA VAGINAL APPROACH (57330)
57410	PELVIC EUA (57410)
57415	REMOVAL VAGINAL MESH (57415)
58952	EXPLORATORY LAPAROTOMY; TUMOR DEBULKING W/WO TAH BSO (58952)
60540	ADRENALECTOMY (60540)
60650	LAPAROSCOPIC ADRENALECTOMY TRANSABDOMINAL (60650)
64575	INCISION, IMPLANTATION, NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE, EXCEPT SACRAL NERVE
64580	INCISION, IMPLANTATION, NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR
64581	INSERTION INTERSTIM; STAGE 1 (64581)
64585	REMOVAL/REVISION INTERSTIM; STAGE 1 (64585)
64590	INSERTION INTERSTIM; STAGE 2 (64590)
64595	REMOVAL/REVISION INTERSTIM; STAGE 2 (64595)
64640	CYSTOSCOPY W/BOTOX INJECTION (64640)
74400	RETROGRADE PYELOGRAM (74400)
74420	RETROGRADE PYELOGRAM (74420)
74425	RETROGRADE PYELOGRAM (74425)
74430	CYSTOGRAM (74430)
76940	LAPAROSCOPIC ABLATION RENAL MASS (76940)
76942	RADIOLOGY ULTRASOUND BX (76942)
76965	BRACHYTHERAPY PROSTATE (76965)
95972	INSERTION INTERSTIM; STAGE 2 (95972)
97597	DEBRIDEMENT, REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S);SURFACE AREA LESS THAN OR EQUAL TO 20CM
97606	NEGATIVE PRESSURE WOUND THERAPY (97606)
0184T	TRANSANAL RECTAL TUMOR EXCISION (TEM) (0184T)
36561P	INSERTION PORTACATH (36561P)
38571R	LAPAROSCOPIC ROBOTIC BILAT PELVIC LYMPHADENECTOMY (38571R)
38765B	LYMPHADENECTOMY; INGUINAL (38765B)
39502L	LAPAROSCOPIC NISSEN W/WO MESH (39502L)
43262TG	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY; W/ SPHINCTEROTOMY/PAPILLOTOMY-TRANSGASTRIC
43280R	LAPAROSCOPIC ROBOTIC NISSEN (43280R)
43280T	LAPAROSCOPIC TOUPET (43280T)
43644R	LAPAROSCOPIC ROBOTIC GASTRIC BYPASS (43644R)
43647R	LAPAROSCOPIC ROBOTIC GASTRIC PACER (43647R)
43659SR	LAPAROSCOPY, STOMACH, BYPASS SLEEVE; ROBOTIC
43771R	LAPAROSCOPIC GASTRIC RESTRICTIVE PROCEDURE,REVISION,ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ROBOTIC
43774R	LAPAROSCOPIC ROBOTIC REMOVAL GASTRIC BAND (43774R)
43775R	LAPAROSCOPIC ROBOTIC VERTICAL SLEEVE GASTRECTOMY (43775R)
43865R	REVISION, GASTROJEJUNAL ANASTOMOSIS W/ RECONSTRUCTION W/WO PART GASTRECT/BOWEL RESECT; W/ VAGOTOMY ROBOTIC
44207R	ROBOTIC LOWER ANTERIOR RESECTION (44207R)
44208R	ROBOTIC LOWER ANTERIOR RESECTION (44208R)
45110R	LAPAROSCOPIC ROBOTIC ABDOMINOPERINEAL RESECTION (45110R)
45126R	PELVIC EXENTERATION, W/ PROCTECTOMY/PELVIC ORGAN REMOVAL, ANY COMBINATION ROBOTIC
45395R	LAPAROSCOPIC ROBOTIC ABDOMINOPERINEAL RESECTION (45395R)
45397R	LAPAROSCOPIC ROBOTIC ABDOMINOPERINEAL RESECTION (45397R)
47563R	LAPAROSCOPIC ROBOTIC CHOLECYSTECTOMY W/WO IOC (47563R)
48140L	LAPAROSCOPIC DISTAL PANCREATECTOMY W/WO SPLENECTOMY (48140L)
49000T	TRAUMA EXPLORATORY LAPAROTOMY (GENERAL)
50240R	LAPAROSCOPIC PARTIAL NEPHRECTOMY (50240R)
50543R	LAPAROSCOPIC ROBOTIC PARTIAL NEPHRECTOMY (50543R)

CAS_PRIMPROC	PMF_DESCRP
50544R	LAPAROSCOPIC ROBOTIC PYELOPLASTY (50544R)
50545R	LAPAROSCOPIC ROBOTIC NEPHRECTOMY (50545R)
50548R	LAPAROSCOPIC ROBOTIC NEPHRO-URETERECTOMY (50548R)
50948R	LAPAROSCOPIC ROBOTIC REIMPLANT URETER (50948R)
51590R	LAPAROSCOPIC ROBOTIC CYSTECTOMY W/ILEAL CONDUIT (51590R)
51595R	LAPAROSCOPIC ROBOTIC CYSTECTOMY W/ILEAL CONDUIT (51595R)
51596R	LAPAROSCOPIC ROBOTIC CYSTECTOMY W/CONTINENT DIVERSION (51596R)
51900R	LAPAROSCOPIC ROBOTIC CLOSURE VESICOVAGINAL FISTULA (51900R)
52235BL	TRANSURETHRAL RESECTION BLADDER TUMOR (TURBT) BLUE LIGHT (52235BL)
55866R	LAPAROSCOPIC ROBOTIC PROSTATECTOMY (RALP) (55866R)
57280R	LAPAROSCOPIC ROBOTIC COLPOPEXY (57280R)
60650R	LAPAROSCOPIC ADRENALECTOMY TRANSABDOMINAL ROBOTIC (60650R)
64590R	LAPAROSCOPIC ROBOTIC GASTRIC GENERATOR (64590R)
64640BA	CYSTOSCOPY W/BOTOX INJECTION (64640BA)
64752R	TRANSECTION/AVULSION; VAGUS NERVE (VAGOTOMY), TRANSTHORACIC ROBOTIC
CANCEL	CASE CANCELLED AFTER ADMISSION TO OR (CANCEL)
ROBOT07	ROBOT INSTRUMENTS AND SUPPLIES (ROBOT07)
ROBOT11	ROBOT INSTRUMENTS AND SUPPLIES . (ROBOT11)

Attachment C.Economic Feasibility.10

Vanderbilt University Medical Center Financial Statements

2012

2012 FINANCIAL REPORT

VANDERBILT UNIVERSITY

Contents

Letter from the Chancellor

The beginning of a new fiscal year provides an interesting vantage point from which to peer at Vanderbilt. As we reflect on the previous year, we are very pleased with our results and progress in all areas. When measured against the global and political environment, we are even more pleased.

Hard work and fiduciary discipline provide Vanderbilt a strong foundation from which to navigate the road ahead. We completed the year with a positive return and annual operating results of $158 million. This promising start for FY2013 allows the university to invest in its mission through initiatives that include retention and recruitment of world-class faculty, advancement of the residential colleges program, expansion for our hospitals and clinics, and enhancements to athletic facilities.

As Vanderbilt has made these significant investments, we remain committed to responsible growth that is aligned with our mission and our means. As we celebrate our achievements, we are ever mindful of the importance of responsibly managing our resources to retain our enviable standing among the country's top research universities.

Chief among the factors that have vaulted Vanderbilt to this position is a deep commitment to accepting students on the basis of talent and academic achievement, without regard to their ability to pay. Vanderbilt is one of only a handful of institutions who meet 100 percent of undergraduates' demonstrated financial need with grant assistance – and no loans. Additionally, to ensure that the rising rate of tuition does not deter students in their pursuit of a college education, the undergraduate tuition increase was held to 1.9 percent – Vanderbilt's lowest increase in over 25 years and the lowest among all of our peers.

These principles of meritocracy and providing opportunity are supported by the generous giving of Vanderbilt alumni, parents, faculty, staff, and friends. Thanks to increased philanthropy from alumni and a record high number of undergraduate donors, all areas of the university – from scholarships and the undergraduate experience, to faculty chairs and patient care – were strengthened in FY2012.

The unique combination of outstanding faculty; cutting-edge research within a liberal arts educational environment; investments in all aspects of the student experience; and strenuous efforts to provide financial aid for students with need has pushed the demand for the Vanderbilt experience to an all-time high. The university saw an incredible increase in undergraduate, graduate, and professional student applications, including 28,348 applications received for the Class of 2016. This steady climb is up 14 percent from the previous year and 119 percent from 2007. Similarly, we saw our tenth consecutive record year for the number of graduate applications.

Particularly noteworthy in a year of declines in governmental health care reimbursement and funding from the National Institutes of Health, Vanderbilt University Medical Center wrapped up FY2012 with continued strong performance. Likewise, the university's research enterprise continued its decade-long trajectory of growing faster than the federal funding rate. This past fiscal year, we secured $572 million in sponsored research awards, a decrease of only 2.6 percent from FY2011 despite far larger reductions in funding rates from public and private sponsors. Vanderbilt remains in the very highest tier for receipt of peer-reviewed NIH-funded research grants among all universities and colleges.

Collectively, these investments burnish Vanderbilt's reputation as a powerful research university set within a caring, supportive environment that seeks to bring out the best in each student and provide the finest in personalized care for each patient. Having just completed my 25th year at Vanderbilt University, I believe more passionately than ever that the future of higher education, our great nation, and humankind rests strongly and responsibly with the great research universities like Vanderbilt. Through innovative discoveries, exemplary scholarship, strategic planning, and careful stewardship, we are well positioned to accept this formidable challenge, and we embrace the opportunity with a keen sense of optimism.

Sincerely,

Nicholas S. Zeppos
Chancellor

Vanderbilt University Statistics

	2011/2012	2010/2011	2009/2010	2008/2009	2007/2008
STUDENTS					
Undergraduate	6,817	6,879	6,794	6,637	6,532
Graduate and professional	6,019	5,835	5,712	5,455	5,315
Total fall enrollment	12,836	12,714	12,506	12,092	11,847
Undergraduate admissions					
Applied	24,837	21,811	19,353	16,944	12,910
Accepted	4,078	3,914	3,899	4,292	4,237
Enrolled	1,601	1,600	1,599	1,569	1,672
Selectivity	16.4%	17.9%	20.1%	25.3%	32.8%
Yield	39.3%	40.9%	41.0%	36.6%	39.5%
Degrees conferred					
Baccalaureate	1,673	1,735	1,583	1,568	1,542
Master's	1,432	1,252	1,280	1,235	1,081
M.D.	99	97	118	103	94
Other doctoral	516	556	515	477	519
Total degrees conferred	3,720	3,640	3,496	3,383	3,236
Undergraduate six-year graduation rate	92.2%	91.9%	90.6%	90.7%	89.4%
Undergraduate tuition	$ 40,320	$ 38,952	$ 37,632	$ 36,100	$ 34,414
% increase over prior year	3.5%	3.5%	4.2%	4.9%	5.5%
HOSPITALS AND CLINICS					
Licensed beds	985	916	916	836	836
Inpatient days	285,270	282,547	272,731	265,733	267,947
Discharges	53,818	52,453	51,874	51,575	51,831
Average daily census	782	774	747	728	732
Average length of stay (days)	5.3	5.4	5.3	5.2	5.2
Average occupancy level	83.6%	84.5%	83.6%	87.1%	87.6%
Hospital surgical operations - inpatient	22,183	22,246	21,702	21,283	20,383
Hospital surgical operations - outpatient	28,815	25,650	23,790	18,597	19,574
Ambulatory visits	1,725,901	1,586,395	1,450,196	1,266,255	1,178,841
Emergency visits	114,051	109,987	108,398	102,631	102,998
LifeFlight (helicopter) missions	2,550	2,203	2,152	2,112	2,458
Case mix index	1.90	1.93	1.93	1.89	1.81
FACULTY AND STAFF					
Full-time faculty	3,551	3,448	3,309	3,131	2,997
Full-time staff	20,119	19,192	18,089	17,160	16,246
Part-time faculty	439	396	424	402	351
Part-time staff	768	798	683	676	666
Total headcount	24,877	23,834	22,505	21,369	20,260
RESEARCH EXPENDITURES FUNDING (in thousands)					
Federal grants and contracts	$ 310,786	$ 320,211	$ 279,282	$ 250,431	$ 244,117
Nonfederal grants, contracts, and other	57,625	54,694	57,880	64,061	60,019
Facilities and administrative costs recovery	142,663	140,205	125,526	114,509	110,847
Institutional resources, including cost sharing	48,042	47,959	48,115	45,990	46,455
Total research expenditures	$ 559,116	$ 563,069	$ 510,803	$ 474,991	$ 461,438
ENDOWMENT					
Market value (in thousands)	$ 3,360,036	$ 3,375,153	$ 3,007,607	$ 2,833,614	$ 3,495,439
Endowment return	1.3%	13.6%	8.9%	-16.3%	2.1%
Endowment per student	$ 261,767	$ 265,467	$ 240,493	$ 234,338	$ 295,048
Endowment payout (spending formula)	4.4%	4.8%	5.2%	4.7%	3.8%
Endowment payout (strategic initiatives)	-	-	0.1%	0.1%	0.2%
Total endowment payout	4.4%	4.8%	5.3%	4.8%	4.0%

Financial Overview

As Vanderbilt continues to operate in an environment with increasing regulatory requirements as well as national and international uncertainty, financial diligence remains vital to carrying out the university's mission. Vanderbilt is dedicated to focusing resources on areas with the highest strategic importance for the university's future. We remain committed to striking the right balance of fiscal restraint with continued aggressive investments in students, faculty, and staff. In support of this commitment through coordinated efforts across the university as a whole, Vanderbilt again strengthened its financial foundation with positive operating results in fiscal 2012.

Several key factors contributed to Vanderbilt's positive financial performance during fiscal 2012. The university's net operating results of $158 million continue to enhance our strong liquidity position. Moreover, we have paid down a significant amount of debt. Vanderbilt's medical center continues to grow and thrive in a rapidly changing environment by providing world-class health care services with continued positive financial performance.

Undergraduate and graduate applications continue to grow. The record size and strength of the applications received demonstrate the increasing value students are placing on a Vanderbilt education. The number of applications for the fall of 2011 grew 13.9% to a total of 24,837 with a selectivity rate of 16.4% compared to 17.9% in fall 2010—and the fall 2012 selectivity rate was at a record level of 14.2%.

After successful completion of the *Shape the Future* campaign in fiscal 2011, fundraising remains strong and, despite federal budget constraints, Vanderbilt's research enterprise remains solid. Vanderbilt's commitment to scholarly research, informed and creative teaching, and service to the public continues to attract outstanding faculty members, enhancing the educational experience for all Vanderbilt students.

Investments in the future of Vanderbilt and its mission would not be possible without a strong financial foundation. The details of Vanderbilt's financial performance for fiscal 2012 below demonstrate the continued commitment of the university to excellence and providing outstanding opportunities for the future.

Financial Position

As of June 30, 2012, Vanderbilt's financial position consisted of assets totaling $7,471 million and liabilities totaling $2,452 million, resulting in net assets of $5,019 million.

Summary of Financial Position
as of June 30, in millions

	2012	2011
ASSETS		
Working capital cash and investments	$ 1,210	$ 1,185
Endowment and other cash and investments	3,776	3,809
Accounts and contributions receivable	675	595
Property, plant, and equipment, net	1,728	1,754
Prepaid expenses and other assets	82	78
Total assets	**$ 7,471**	**$ 7,421**
LIABILITIES		
Payables and accrued liabilities	$ 636	$ 627
Deferred revenue	119	126
Interest rate exchange agreements	316	135
Taxable debt for liquidity	250	365
Project and equipment-related debt	1,131	1,078
Total liabilities	**2,452**	**2,331**
NET ASSETS		
Unrestricted net assets controlled by Vanderbilt University	2,560	2,603
Unrestricted net assets related to noncontrolling interests	201	199
Temporarily restricted net assets	1,191	1,262
Permanently restricted net assets	1,067	1,026
Total net assets	**5,019**	**5,090**
Total liabilities and net assets	**$ 7,471**	**$ 7,421**

Total net assets include Vanderbilt's endowment valued at $3,360 million as of June 30, 2012. Net assets associated with capital infrastructure totaled $597 million, which represents the university's property, plant, and equipment, net of accumulated depreciation and capital-related debt. Other net assets, which totaled $1,062 million as of June 30, 2012, include current assets and current liabilities, net of mark-to-market adjustments on interest rate exchange agreements, and net assets related to noncontrolling interests.

Vanderbilt's assets, totaling $7,471 million as of June 30, 2012, reflect a 0.7% increase from the prior year. This increase is attributable primarily to net operating results offset by a slight decline in the endowment.

Total liabilities increased by $121 million to $2,452 million as of June 30, 2012. This increase is attributable largely to an increase in the mark-to-market liability associated with the university's interest rate exchange agreements.

The summary of financial position shown on this page summarizes several asset and liability lines from the consolidated statements of financial position. The summary on this page also segregates the university's cash and investments into (a) working capital, which consists of operating accounts and proceeds from taxable liquidity borrowings, and (b) endowment and other cash and investments. Also, debt is segregated in the summary between taxable debt designated for liquidity enhancement and capital-related debt.

Cash and Liquidity

Vanderbilt's working capital cash and investments, which include highly liquid operating accounts, amounts posted as collateral (primarily related to interest rate exchange agreements), and amounts invested in the long-term investment pool alongside the endowment, totaled $1,210 million as of June 30, 2012. During fiscal 2012, working capital cash and investments increased by $25 million primarily due to strong operating results offset by the growth in receivables and early debt retirements.

Operating assets continue to be invested in a conservative, diversified manner to ensure adequate liquidity under modeled stress scenarios. During the past year Vanderbilt's endowment also provided increased liquidity support, especially monthly liquidity, while still maintaining a long-term investment horizon. As of June 30, 2012, $1,686 million of operating and endowment assets were available within 30 days, including $792 million available on a same-day basis. Based largely on this very strong liquidity position, Vanderbilt holds the highest short-term ratings by the major credit rating agencies.

To provide supplemental liquidity support, Vanderbilt maintains agreements with two banks to provide operating lines of credit with maximum available commitments totaling $300 million. In addition, Vanderbilt carries $200 million of revolving credit facilities with two banks to provide dedicated self-liquidity support for the debt portfolio.

Debt

Vanderbilt's debt portfolio includes fixed-rate debt, variable-rate debt, and commercial paper, along with interest rate exchange agreements that are used for hedging interest rate exposures within the university's debt portfolio.

In accordance with our strategic capital plan, Vanderbilt did not issue incremental debt during fiscal 2012. Scheduled principal payments on long-term debt, early retirements of fixed-rate debt, and elective reductions of commercial paper reduced total outstanding debt by $62 million to a balance of $1,381 million as of June 30, 2012. This amount consisted of $1,131 million of capital project-related debt and $250 million of taxable debt for liquidity support. For operational and management reporting purposes, during fiscal 2012, Vanderbilt designated $115 million of then-outstanding taxable commercial paper to be a component of the university's capital project-financing framework, whereas in the prior year this amount was considered taxable debt for liquidity.

During fiscal 2012, Vanderbilt refinanced $134 million of weekly-remarketed variable-rate debt with floating-rate notes having tender dates in three and five years, which reduced total weekly remarketing risk. Also, to reduce net interest costs, Vanderbilt refinanced $42 million of fixed-rate debt with newly issued fixed-rate debt having a final maturity date in fiscal 2018.

Statements of Activities

Vanderbilt's total operating and nonoperating activity resulted in a $71 million decrease in net assets in fiscal 2012, which follows a $717 million increase in fiscal 2011.

Summary of Statements of Activities
all net asset categories, in millions

	2012	2011
CONSOLIDATED REVENUES		
Tuition and educational fees, net of financial aid	$ 250	$ 244
Government grants and contracts and F&A costs recovery	545	545
Private grants and contracts	55	53
Contributions	83	98
Endowment distributions	148	152
Investment income	19	34
Health care services	2,462	2,294
Room, board, and other auxiliary services, net of financial aid	110	104
Other sources	39	40
Total consolidated revenues	**3,711**	**3,564**
CONSOLIDATED EXPENSES		
Instruction, academic support, and student services	665	632
Research	439	441
Health care services	2,184	2,047
Public service	45	39
Institutional support	42	47
Room, board, and other auxiliary services	132	135
Total consolidated expenses	**3,507**	**3,341**

Summary of Statements of Activities (continued)
all net asset categories, in millions

	2012	2011
OTHER CHANGES IN NET ASSETS		
Changes in appreciation of endowment, net of distributions	(95)	256
(Losses) gains on interest rate exchange agreements	(181)	72
Increase in net assets related to non-controlling interests	2	122
Other nonoperating activity	(1)	44
Total other changes in net assets	**(275)**	**494**
(Decrease) increase in net assets	**$ (71)**	**$ 717**

During fiscal 2012, the decrease in total net assets primarily resulted from strong net operating activity offset by mark-to-market losses on interest rate exchange agreements and an excess of endowment distributions over current year investment return. In comparison, the increase in fiscal 2011 primarily resulted from strong net operating activity, endowed gifts and pledges, net gains in the endowment, and mark-to-market gains on interest rate exchange agreements.

Consolidated revenues and expenses, as presented on this page, include revenues and other support in all net asset categories. Operating activity specific to *unrestricted* net assets is discussed on the following pages. In addition to unrestricted operating activity, consolidated revenues include activity in *temporarily restricted* and *permanently restricted* net assets.

Consolidated Revenues

Consolidated revenues increased $147 million or 4.1% to $3,711 million in fiscal 2012, as compared to $3,564 million in fiscal 2011. This increase was driven primarily by a 7.3% increase in health care services revenue largely due to volume increases in the hospitals and clinics. Vanderbilt's health care services are discussed further in a subsequent section.

Consolidated Expenses

Consolidated expenses increased by 5.0% to $3,507 million in fiscal 2012, as compared to $3,341 million in fiscal 2011. This increase was driven primarily by a 6.7% increase in health care services expenses, and a 5.2% increase in total instruction, academic support, and student services expenses.

Other Changes in Net Assets

Other changes in net assets included changes in appreciation of endowment, net of distributions, totaling negative $95 million in fiscal 2012 and $256 million in fiscal 2011. The fiscal 2012 change in appreciation for the endowment resulted from a 1.3% investment return offset by 4.4% of the endowment utilized for distributions.

In fiscal 2012, Vanderbilt incurred net unrealized losses totaling $181 million on interest rate exchange agreements. These losses are based on mark-to-market valuations of the university's portfolio of interest rate exchange agreements, especially fixed-payer exchange contracts. Adjustments to annual interest expense occur for net cash settlements as Vanderbilt *pays* an average of 3.7% on its fixed-payer contracts and *receives* amounts based on a percentage of 1-month LIBOR rates. The unrealized mark-to-market valuation on these agreements was driven primarily by long-term LIBOR rates. During the past year, the 30-year LIBOR rate decreased to 2.5% as of June 30, 2012—down from 4.1% as of June 30, 2011—which resulted in an increase to the fair value of the liability for the agreements.

Net assets related to noncontrolling interests increased $2 million due to the change in appreciation allocable to noncontrolling interests offset by a slight decrease in net capital contributions. Finally, net other nonoperating activity totaled negative $1 million in fiscal 2012 compared to $44 million in fiscal 2011. Fiscal 2011 activity included $16 million of net gains related to the sale of an investment in the Windsor Health Plan as well as net investment gains related to assets set aside as a reserve for medical self-insurance.

Summary of Changes in Net Assets
in millions

	2012	2011
Revenues and expenses:		
Unrestricted operating revenues	$ 3,665	$ 3,480
Unrestricted operating expenses	(3,507)	(3,341)
Unrestricted operating activity	158	139
Contribution activity in temporarily restricted and permanently restricted net assets	36	55
Investment income and endowment distributions in temporarily restricted and permanently restricted net assets	10	29
Other changes in net assets:		
Change in appreciation of endowment, net of distributions	(95)	256
(Losses) gains on interest rate exchange agreements	(181)	72
Increase in net assets related to noncontrolling interests	2	122
Other nonoperating activity	(1)	44
(Decrease) increase in net assets	**$ (71)**	**$ 717**
Ending balance of net assets	**$ 5,019**	**$ 5,090**

Unrestricted Operating Activity

The change in unrestricted net assets from operating activity is the measure of the university's *operating results*. This unrestricted operating activity totaled $158 million in fiscal 2012 and $139 million in fiscal 2011.

Operating Revenues
Unrestricted operating revenues totaled $3,665 million in fiscal 2012, reflecting a 5.3% increase from the prior year.

Despite increasing budgetary constraints faced by governmental grantors, government grants and contracts revenue, predominantly for research activities, and facilities and administrative (F&A) costs recovery remained stable from fiscal 2011 to 2012. Federal funding from the National Institutes of Health, the Department of Defense, NASA, and other federal agencies comprised 86% and 87% of sponsored research revenues at Vanderbilt in fiscal 2012 and 2011, respectively.

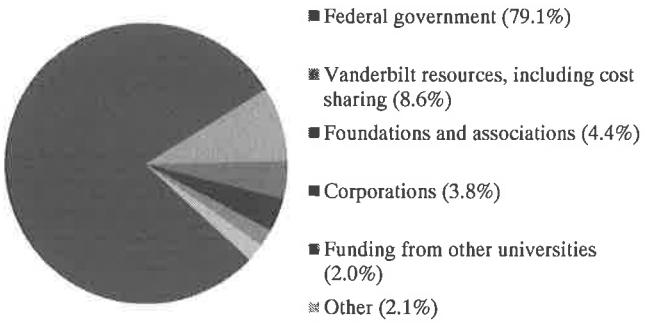
In fiscal 2012, grants and contracts revenue and F&A costs recovery (from both governmental and private sponsors) of $600 million included $511 million related to research; the remainder supported institutional, patient care, and public service initiatives. Vanderbilt also provided $48 million of supplemental institutional funds, resulting in $559 million of resources that were expended for research.

Operating Revenues by Source
unrestricted net assets, in millions

	2012	2011
Tuition and educational fees, net of financial aid	$ 250	$ 244
Government grants and contracts and F&A costs recovery	545	545
Private grants and contracts	55	53
Contributions, including net assets released from restrictions	47	43
Endowment distributions	137	142
Investment income	20	15
Health care services	2,462	2,294
Room, board, and other auxiliary services, net of financial aid	110	104
Other sources	39	40
Total operating revenues	**$ 3,665**	**$ 3,480**

As illustrated below, the majority of the $559 million in total research expenditures for fiscal 2012 was funded by federal government grants and contracts.

Research Expenditures by Funding Source
fiscal 2012



Although Vanderbilt's research support outlook remains strong, we temper our optimism in light of continued fiscal pressures on governmental funding sources. Sponsored research and project awards, which included multiple-year grants and contracts from government sources, foundations, associations, and corporations, totaled $572 million in fiscal 2012 and $587 million in fiscal 2011 as shown in the table below.

Sponsored Research and Project Awards
in millions

	2012	2011
American Recovery and Reinvestment Act of 2009 (ARRA)	$ 137	$ 125
Other awards	435	462
Total sponsored research and project awards	**$ 572**	**$ 587**

Operating Expenses

Operating expenses totaled $3,507 million in fiscal 2012, reflecting a 5.0% increase from the prior year.

Operating Expenses by Function
unrestricted net assets, in millions

	2012	2011
Instruction, academic support, and student services	$ 665	$ 632
Research	439	441
Health care services	2,184	2,047
Public service	45	39
Institutional support	42	47
Room, board, and other auxiliary services	132	135
Total operating expenses	**$ 3,507**	**$ 3,341**

Expenses for instruction, academic support, and student services increased 5.2% in fiscal 2012. These expenses substantially exceed net tuition revenues, which are noted on the preceding page. Therefore, Vanderbilt, like other major private research universities, relies upon contributions, endowment support, and other alternative sources of revenue—in addition to tuition—to meet its educational mission objectives.

Research expenses as reflected on the consolidated statements of activities decreased 0.5% to $439 million in fiscal 2012 from $441 million in fiscal 2011. In addition to direct costs, research expenses include allocations of overhead and other support costs such as depreciation and interest on indebtedness.

Health care services expenses increased 6.7% to $2,184 million in fiscal 2012 from $2,047 million in fiscal 2011. This increase is attributable largely to an overall increase in patient volumes.

Health Care

Health care is an industry that represents nearly one-fifth of the United States economy and few would dispute that most families and individuals will be impacted significantly as health care continues to face unprecedented challenges. As a prime example, the June 2012 U.S. Supreme Court ruling upholding in large measure the 2010 Patient Protection and Affordable Care Act will continue to put pressure on hospitals and insurers, among others, to accelerate innovation geared to quickly delivering more effective, high-quality care at lower reimbursement rates.

Vanderbilt retains an unwavering commitment to continually striving to provide high quality health care services at reimbursement rates that meet key community needs, including providing substantial charity care for members of the community who otherwise would not be able to secure needed services. More specifically, Vanderbilt's hospitals, clinics, and physician practices are responding to health care reform with innovations in quality of care, patient access, and efficiency of care delivery. Strategies include managing high-cost patient populations with the goal of enhancing patient care processes to reduce costs and improve outcomes, and a focus on initiatives to avoid hospital readmissions, health care acquired infections, and other adverse events. Vanderbilt has implemented significant improvements in clinical information systems resulting in increased leverage of electronic health information. The medical center also is developing affiliations with community providers to improve access to broader patient populations for our students, residents, and researchers, and we are exploring bundled payment models for certain episodes of care.

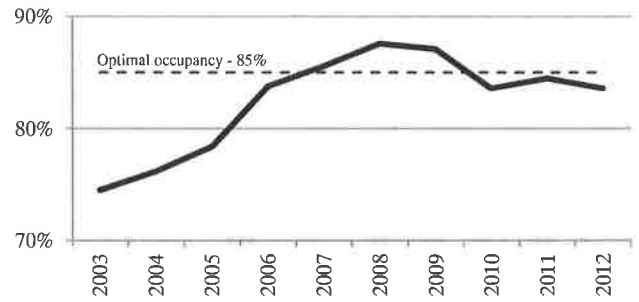
Vanderbilt University Medical Center finished fiscal 2012 in the *U.S. News & World Report* annual ranking of America's Best Hospitals with 11 ranked specialties out of a possible 16 categories. Specialty programs ranking among the top 35 in their respective fields: cancer; cardiology and heart surgery; diabetes and endocrinology; ear, nose, and throat; gastroenterology; gynecology; nephrology; neurology and neurosurgery; orthopedics; pulmonology; and urology. Vanderbilt was among only 3% of facilities analyzed (nearly 4,800) for this year's rankings to be named in at least one specialty. In addition, the Monroe Carell Jr. Children's Hospital at Vanderbilt was included among the nation's leaders in pediatric health care in *U.S. News & World Report* magazine's Best Children's Hospital rankings. The hospital achieved rankings in a maximum 10 out of 10 specialties: cancer, cardiology and heart surgery, diabetes and endocrinology, gastroenterology, neonatology, neph-

rology, neurology and neurosurgery, orthopedics, pulmonology, and urology.

Successful volume growth in recent years led to peaking occupancy rates and capacity constraints in Vanderbilt's hospitals. Vanderbilt's overall hospital occupancy rates were 83.6% in fiscal 2012, an anticipated decrease from 84.5% in fiscal 2011, due to the addition of 69 licensed beds during fiscal 2012.

Vanderbilt completed construction of a 33-bed expansion to the children's hospital in April 2012, and added a total of 36 beds in the adult hospital, inclusive of a new 34-bed floor in the Critical Care Tower, which opened in May 2012. One of two remaining floors in the Critical Care Tower that was originally left in a shelled-out state is currently under construction. Occupancy is anticipated by the second quarter of fiscal 2013. Other renovations in the adult hospital will yield additional beds, resulting in an anticipated 34 new beds during fiscal 2013. The long-term outlook is for continued growth in inpatient services. The bed expansions are necessary to manage occupancy in the 85% range in order to avoid overcrowding and long wait times for patients in the emergency room, recovery rooms, and other procedural staging areas.

Percentage Occupancy
licensed beds



Inpatient hospital surgical operations declined 0.3% in fiscal year 2012 compared to the prior year while surgeries for outpatients increased 12.3%. In the outpatient clinics, ambulatory visits increased 8.8% to total 1,725,901 in fiscal 2012 as Vanderbilt continued its expansion of health care services offered outside the medical center's main campus. Approximately 43% of outpatient visits occurred at off-campus locations. Growth in ambulatory visits also occurred as the result of physician practice expansions in cardiology, neurology, and ophthalmology in nearby Williamson County and Wilson County.

Responding to the strong growth in outpatient services in Williamson County, Vanderbilt purchased 22 acres of unimproved land in that area during fiscal 2011. Vanderbilt currently is in the design stage of a medical office building of approximately 200,000 square feet that would consolidate several existing physician practice locations, as well as provide space for growth.

The average length of stay for patients in Vanderbilt's hospitals remained consistently low at 5.3 days in fiscal 2012 as compared to 5.4 days in fiscal 2011. This decrease predominantly was due to higher growth rates in obstetrics and normal newborn deliveries which have a lower length of stay (2.2 days) than other medical/surgical acute services.

The medical center's overall case mix index (CMI) declined to 1.90 for fiscal 2012 from 1.93 for fiscal 2011, due to higher growth rates in low-CMI services such as obstetric and normal newborn deliveries versus higher-CMI medical/surgical acute care services. Excluding obstetrics and normal newborn deliveries, the case mix index was 2.18 in fiscal 2012 comparing closely to 2.19 in fiscal 2011. While having patient acuity levels that are among the highest quartile of teaching hospitals, Vanderbilt's mortality index measure is one of the best in the nation. This outcome is reflective of the high quality of care at our hospitals, with a continued focus on evidence-based medicine and clinical improvement. Besides high quality care continuing to be a key factor in reduced actuarially determined medical malpractice expenses, the medical center had other one-time favorable adjustments to fiscal 2012 income such as settlements from government agencies. Collectively, these items totaled approximately $38 million.

The following table shows payor mix percentages based on gross patient revenues for Vanderbilt's hospitals and clinics in fiscal 2012 and fiscal 2007 (five years prior). Vanderbilt's medical center has experienced a decline in the percentage of TennCare/Medicaid patients, primarily because TennCare organizations have developed broader physician and hospital provider networks that allow low-acuity health care services to be provided in the local communities. Further, due to high quality and favorable patient satisfaction scores, the community preference for Vanderbilt's hospitals and clinics continues to increase, resulting in modest market share growth in the managed care payor group over the past five years.

Payor Mix
Vanderbilt hospitals and clinics (% of gross patient revenues)

	2012	2007
Managed care	38.7%	38.3%
Medicare	26.1	23.1
TennCare/Medicaid	18.2	19.6
Commercial indemnity	8.4	9.7
Uninsured (self-pay) and other	8.6	9.3
Total payor mix	**100.0%**	**100.0%**

The university's medical center maintains a charity care policy which sets forth the criteria for health care services that are provided without expectation of payment, or at a reduced payment rate to patients who meet certain income criteria based on federal poverty limit guidelines. These services are accounted for as charity care and are not reported as revenue.

Of the total uncompensated care provided by the medical center (comprising charity care and bad debt reflected as deductions from gross revenue), 78% and 75% of the total in fiscal 2012 and 2011, respectively, was charity care. Charity care services represent 5.7% and 5.4%, respectively, of total patient services revenue in fiscal 2012 and 2011.

In addition to uncompensated care, the medical center provides a number of other services to benefit the economically disadvantaged for which little or no payment is received. These services include public health education and training for new health professionals and services to patients with special needs.

Finally, in addition to charity care assistance and community benefits previously noted, Vanderbilt provides other substantial community benefits in the form of clinical and laboratory research support.

This activity is primarily conducted by the schools of medicine and nursing and includes direct and indirect costs of research funded by other tax-exempt organizations, government entities, and internal funding sources.

A summary of costs for the preceding community benefit activities, which are regularly reported in Vanderbilt's Form 990 filing (Return of Organization Exempt from Income Taxes), is provided in the following table.

Charity Care
in millions

	2012	2011
Charity care and community benefits		
Unreimbursed cost of charity care	$ 120,069	$ 104,220
Resident and Allied Health education	86,055	74,076
Unreimbursed cost of TennCare/ Medicaid	47,213	47,807
Other community health programs	5,386	5,283
Behavioral health hospital services	806	2,607
Clinical and laboratory research support	494,807	493,244
Total costs of charity care and community benefits	754,336	727,237
Other unrecovered costs using IRS Form 990 Schedule H guidelines but not includable as community benefits		
Unreimbursed cost of Medicare	54,662	52,788
Cost of bad debts	34,248	33,728
Unreimbursed cost of TRICARE	8,701	9,616
Total other unrecovered costs	97,611	96,132
Total cost of charity care, community benefits, and other unrecovered costs	**$ 851,947**	**$ 823,369**

Endowment

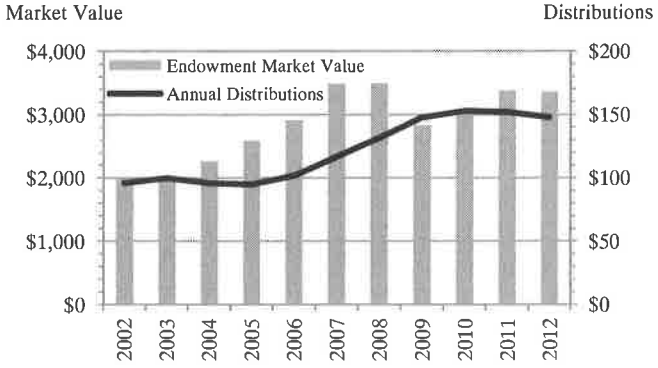
For fiscal 2012, Vanderbilt's endowment portfolio had an investment return of 1.3%. Endowment distributions totaling $148 million in fiscal 2012 were used to support the university's education, research, and public service missions. The endowment ended fiscal 2012 with a $3,360 million total market value. The overall change in absolute value not only reflects investment return and the distribution of endowment funds to support university operations, but also the net impact of new endowment gifts and additions to institutional endowments (quasi-endowments). During fiscal 2012, the university added $88 million to the endowment portfolio through new gifts and additions to institutional endowments (quasi-endowments).

Fiscal 2012 proved to be a challenging year, as investor sentiment and markets shifted from negative to positive then back again to negative. This "Risk On/Risk Off" was the common theme throughout the year as the *Euro Crisis* weighed heavily on the markets. Global equity markets finished the twelve-month period ending June 30, down 6.5%, after rallying back from a 17% decline during the first three months of the fiscal year. Fortunately, Vanderbilt's fixed income, private markets, and natural resources posted positive returns, offsetting the equity allocation's negative return.

At the strategy level, long-term treasuries, technology-based venture funds, and private equity were top performers and the most favorable contributors to the endowment's fiscal 2012 performance. An under-allocation to global equities, and an over-allocation to private market investments, including private equity and venture capital investments, also aided returns on both an absolute and relative basis. While disappointed with the fiscal year's modest absolute return we are pleased to have posted a positive return during what has proven to be a challenging investing environment.

Financial markets continue to show signs of vulnerability due to the pending "fiscal cliff" facing the United States, continued high unemployment, sovereign debt risk, inflation in developing markets, and global political instability. Fortunately, Vanderbilt has implemented a number of strategic initiatives to enhance the university's ability to navigate through what many consider a protracted low-return and high-volatility environment. These measures include enhancing overall liquidity, solidifying strategic relationships with premier managers, expanding geographical breadth, and improving transparency and systems.

Endowment Market Value and Annual Distributions
in millions



Endowment Asset Allocation

June 2012 (% of portfolio)

	Actual	Target
Global equities	31.4%	35.0%
Absolute return	20.0	25.0
Fixed income	5.2	10.0
Cash and cash equivalents	0.2	-
Total marketable	**56.8**	**70.0**
Private markets	27.7	15.0
Real estate	7.9	7.5
Natural resources	7.5	7.5
Other	0.1	-
Total nonmarketable	**43.2**	**30.0**
Total endowment	**100.0%**	**100.0%**

Conclusion

Vanderbilt ended fiscal 2012 in a strong financial position. The university continues to focus on strategic prioritization by utilizing financial resources wisely to further the university's mission and goals. Although the economic climate is marked with uncertainty with anticipated declines in government funding, health care reform, and general operating and capital demands, we remain confident that the strong financial footing that is currently in place at Vanderbilt coupled with prudent management decisions will continue to pave the way for a bright future.

Vanderbilt is positioned to take on new and complex projects that are ambitious, but will serve to take the university to yet a higher level of excellence. Capital investments, such as the next phase of College Halls at Vanderbilt, as well as investments in faculty and research are on the forefront of plans for both the present and the foreseeable future.

As reflected in the audited financial statements, the financial ratios, and as noted in this financial overview, Vanderbilt's fiscal standing remains strong. We are committed to careful stewardship of Vanderbilt's resources so that we can carry out our mission and further enhance our position as one of the world's premier higher education institutions.

Financial Ratios

Expendable Net Assets to Debt

Expendable Net Assets / Project Debt and Lease Commitments

2008	2009	2010	2011	2012
2.7x	1.9x	2.1x	2.3x	2.4x

Expendable net assets to debt measures the university's leverage. Debt used for calculating this ratio consists of all project-related debt, the net present value of lease commitments, and debt guarantees.

Vanderbilt's expendable net assets to debt increased slightly in fiscal 2012 as the result of positive operating results and a decline in outstanding debt, tempered by a net decrease in endowment market value and increased interest rate exchange agreements portfolio liability. The improvement in fiscal 2011 was the result of positive endowment returns and operating results. Vanderbilt aims to maintain expendable net assets to debt of at least 2.0.

Debt Service Coverage Ratio

Unrestricted Operating Results before Interest and Depreciation / Normalized Annual Debt Service

2008	2009	2010	2011	2012
3.4x	3.2x	3.6x	4.0x	4.1x

The *debt service coverage ratio* measures the university's ability to pay annual debt service obligations from current year operating activities. In this context, annual debt service is normalized to calculate long-term (25 years), level principal and interest payments that would be required based on the portfolio's then-prevailing weighted average interest rates inclusive of the effects of interest rate exchange agreements. The scope for this ratio is all outstanding debt, except for taxable commercial paper used for short-term liquidity support prior to fiscal 2012.

Vanderbilt's debt service coverage ratio increased in fiscal 2012 and 2011 primarily as the result of strong net operating results. The debt portfolio's effective interest rate, which includes the impact of interest rate exchange agreements, declined in fiscal 2012 and 2011 – a favorable impact on normalized annual debt service. Vanderbilt aims to maintain a debt service coverage ratio of at least 2.0.

Debt Service Burden[1]

Normalized Annual Debt Service / Unrestricted Operating Expenses

2008	2009	2010	2011	2012
2.5%	2.7%	3.3%	2.9%	2.8%

The *debt service burden* measures the percent of the annual operating budget devoted to servicing outstanding debt.

Vanderbilt's debt service burden decreased in fiscal 2012 and 2011 primarily due to stable normalized annual debt service coupled with an increase in operating expenses. Vanderbilt aims to maintain a debt service burden below 5.0%.

Operating Cash Flow Margin[1]

Unrestricted Operating Results before Interest and Depreciation / Unrestricted Operating Revenues

2008	2009	2010	2011	2012
8.2%	8.7%	11.4%	11.1%	10.9%

The *operating cash flow margin* measures the cash flow generated from each dollar of operating revenue. The resulting net cash flows may occur in the current or future years depending on changes in receivables and payables.

In fiscal 2012, Vanderbilt's unrestricted operating results before interest and depreciation increased 2.8% to $398 million from $387 million in fiscal 2011. Fiscal 2012 unrestricted operating revenues, at $3,665 million, represent a 5.3% increase from $3,480 million in fiscal 2011.

Capital Intensiveness Ratio[1]

Acquisitions of Property, Plant, and Equipment / Unrestricted Operating Revenues

2008	2009	2010	2011	2012
9.3%	8.5%	5.2%	3.6%	3.9%

The *capital intensiveness ratio* measures the university's annual investments in property, plant, and equipment as a percentage of the university's annual operating revenues.

Vanderbilt's capital intensiveness ratio increased in fiscal 2012 as spending on major capital projects increased in accordance with the university's capital plan. During fiscal 2012, major capital projects included the bed-expansion of the Monroe Carell Jr. Children's Hospital at Vanderbilt, the Critical Care Tower buildout, College Halls at Kissam, and the Blakemore House purchase and renovation.

Average Age of Plant

Accumulated Depreciation / Depreciation Expense

2008	2009	2010	2011	2012
9.4 yrs	9.5 yrs	10.0 yrs	10.2 yrs	11.2 yrs

The *average age of plant* metric provides a sense of the age of the university's facilities. A low average age of plant indicates that an institution has made significant recent investments in its plant. Generally, a strong level for this ratio is deemed to be 12 years or less for research institutions and 14 years or less for predominantly liberal arts institutions.

[1] Due to the adoption of Accounting Standards Update 2011-7 (ASU 2011-7), *Health Care Entities: Presentation and Disclosure of Net Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts,* affected financial ratios for fiscal 2008 through fiscal 2011 have been recalculated to provide comparability to fiscal 2012 ratios.

Consolidated Financial Statements

Report of Independent Auditors

Board of Trust
Vanderbilt University:

In our opinion, the accompanying consolidated statements of financial position and the related statements of activities and cash flows present fairly, in all material respects, the financial position of Vanderbilt University at June 30, 2012 and June 30, 2011, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America. These financial statements are the responsibility of Vanderbilt University's management. Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

As discussed in Note 2, Vanderbilt adopted ASU 2011-07, "Health Care Entities: Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities" effective July 1, 2011.

PricewaterhouseCoopers LLP

October 19, 2012

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Vanderbilt University
Consolidated Statements of Financial Position

As of June 30, 2012 and 2011 (in thousands)

	2012	2011
ASSETS		
Cash and cash equivalents	$ 912,419	$ 1,129,804
Accounts receivable, net	518,566	436,687
Prepaid expenses and other assets	82,167	78,756
Contributions receivable, net	72,334	78,572
Student loans and other notes receivable, net	45,409	40,207
Investments	3,872,014	3,664,182
Investments allocable to noncontrolling interests	201,386	199,249
Property, plant, and equipment, net	1,727,611	1,754,524
Interests in trusts held by others	39,257	39,362
Total assets	**$ 7,471,163**	**$ 7,421,343**
LIABILITIES		
Accounts payable and accrued liabilities	$ 228,422	$ 236,428
Accrued compensation and withholdings	245,859	225,360
Deferred revenue	118,826	125,458
Actuarial liability for self-insurance	105,543	111,348
Actuarial liability for split-interest agreements	34,171	32,775
Government advances for student loans	22,113	21,036
Commercial paper	264,075	264,862
Long-term debt and capital leases	1,117,029	1,178,531
Fair value of interest rate exchange agreements, net	315,577	135,026
Total liabilities	**2,451,615**	**2,330,824**
NET ASSETS		
Unrestricted net assets controlled by Vanderbilt	2,559,802	2,603,397
Unrestricted net assets related to noncontrolling interests	201,386	199,249
Total unrestricted net assets	2,761,188	2,802,646
Temporarily restricted net assets	1,191,216	1,262,271
Permanently restricted net assets	1,067,144	1,025,602
Total net assets	**5,019,548**	**5,090,519**
Total liabilities and net assets	**$ 7,471,163**	**$ 7,421,343**

The accompanying notes are an integral part of the consolidated financial statements.

Vanderbilt University
Consolidated Statement of Activities

Year Ended June 30, 2012 (in thousands)

	2012			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
REVENUES AND OTHER SUPPORT				
Tuition and educational fees, net	$ 250,137	$ -	$ -	$ 250,137
Grants and contracts:				
Government sponsors	397,555	-	-	397,555
Private sponsors	54,768	-	-	54,768
Facilities and administrative costs recovery	147,806	-	-	147,806
Total grants and contracts	600,129	-	-	600,129
Contributions	25,861	28,430	28,580	82,871
Endowment distributions	136,883	8,565	2,447	147,895
Investment income (loss)	19,831	276	(969)	19,138
Health care services	2,461,830	-	-	2,461,830
Room, board, and other auxiliary services, net	109,733	-	-	109,733
Other sources	39,068	-	-	39,068
Net assets released from restrictions	21,459	(21,459)	-	-
Total revenues and other support	**3,664,931**	**15,812**	**30,058**	**3,710,801**
EXPENSES				
Instruction	480,296	-	-	480,296
Research	439,395	-	-	439,395
Health care services	2,184,054	-	-	2,184,054
Public service	44,889	-	-	44,889
Academic support	148,871	-	-	148,871
Student services	35,586	-	-	35,586
Institutional support	41,851	-	-	41,851
Room, board, and other auxiliary services	132,458	-	-	132,458
Total expenses	**3,507,400**	**-**	**-**	**3,507,400**
Change in unrestricted net assets from operating activity	**157,531**			
OTHER CHANGES IN NET ASSETS				
Change in appreciation of endowment, net of distributions	(31,447)	(62,982)	-	(94,429)
Change in appreciation of self-insurance assets	876	-	-	876
Change in appreciation of other investments	(2,476)	-	-	(2,476)
Change in appreciation of interest rate exchange agreements	(180,551)	-	-	(180,551)
Contributions for plant	1,813	-	-	1,813
Net assets released from restrictions for plant	24,210	(24,210)	-	-
Donor designation changes	(11,809)	325	11,484	-
Other	(1,742)	-	-	(1,742)
Total other changes in net assets	**(201,126)**	**(86,867)**	**11,484**	**(276,509)**
(Decrease) increase in net assets controlled by Vanderbilt	**(43,595)**	**(71,055)**	**41,542**	**(73,108)**
Increase in net assets related to noncontrolling interests	**2,137**	**-**	**-**	**2,137**
Total (decrease) increase in net assets	**$ (41,458)**	**$ (71,055)**	**$ 41,542**	**$ (70,971)**
Net assets, June 30, 2011	**$ 2,802,646**	**$ 1,262,271**	**$ 1,025,602**	**$ 5,090,519**
Net assets, June 30, 2012	**$ 2,761,188**	**$ 1,191,216**	**$ 1,067,144**	**$ 5,019,548**

The accompanying notes are an integral part of the consolidated financial statements.

Vanderbilt University
Consolidated Statement of Activities

Year Ended June 30, 2011 (in thousands)

	2011			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
REVENUES AND OTHER SUPPORT				
Tuition and educational fees, net	$ 243,859	$ -	$ -	$ 243,859
Grants and contracts:				
Government sponsors	399,440	-	-	399,440
Private sponsors	53,494	-	-	53,494
Facilities and administrative costs recovery	145,295	-	-	145,295
Total grants and contracts	598,229	-	-	598,229
Contributions	23,564	22,621	51,314	97,499
Endowment distributions	142,252	7,450	2,556	152,258
Investment income	14,666	13,583	6,062	34,311
Health care services	2,293,962	-	-	2,293,962
Room, board, and other auxiliary services, net	103,769	-	-	103,769
Other sources	40,351	-	-	40,351
Net assets released from restrictions	19,160	(19,160)	-	-
Total revenues and other support	**3,479,812**	**24,494**	**59,932**	**3,564,238**
EXPENSES				
Instruction	464,313	-	-	464,313
Research	441,064	-	-	441,064
Health care services	2,047,489	-	-	2,047,489
Public service	39,262	-	-	39,262
Academic support	133,076	-	-	133,076
Student services	34,919	-	-	34,919
Institutional support	46,879	-	-	46,879
Room, board, and other auxiliary services	133,879	-	-	133,879
Total expenses	**3,340,881**	**-**	**-**	**3,340,881**
Change in unrestricted net assets from operating activity	**138,931**			
OTHER CHANGES IN NET ASSETS				
Change in appreciation of endowment, net of distributions	102,258	153,510	-	255,768
Change in appreciation of self-insurance assets	11,299	-	-	11,299
Change in appreciation of other investments	13,767	-	-	13,767
Change in appreciation of interest rate exchange agreements	72,070	-	-	72,070
Contributions for plant	3,430	560	-	3,990
Net assets released from restrictions for plant	16,689	(16,689)	-	-
Donor designation changes	(11,859)	(7,628)	19,487	-
Other	15,477	-	-	15,477
Total other changes in net assets	**223,131**	**129,753**	**19,487**	**372,371**
Increase in net assets controlled by Vanderbilt	**362,062**	**154,247**	**79,419**	**595,728**
Increase in net assets related to noncontrolling interests	**121,554**	**-**	**-**	**121,554**
Total increase in net assets	**$ 483,616**	**$ 154,247**	**$ 79,419**	**$ 717,282**
Net assets, June 30, 2010	**$ 2,319,030**	**$ 1,108,024**	**$ 946,183**	**$ 4,373,237**
Net assets, June 30, 2011	**$ 2,802,646**	**$ 1,262,271**	**$ 1,025,602**	**$ 5,090,519**

The accompanying notes are an integral part of the consolidated financial statements.

Vanderbilt University
Consolidated Statements of Cash Flows

Years Ended June 30, 2012 and 2011 (in thousands)

	2012	2011
CASH FLOWS FROM OPERATING ACTIVITIES		
(Decrease) increase in total net assets	**$ (70,971)**	**$ 717,282**
Adjustments to reconcile change in total net assets to net cash provided by operating activities:		
Increase in net assets related to noncontrolling interests	(2,137)	(121,554)
Net realized gains on investments	(56,783)	(56,526)
Net decrease (increase) in unrealized appreciation on investments	39,985	(305,940)
Contributions for plant and endowment	(59,069)	(78,032)
Contributions of securities other than for plant and endowment	(10,095)	(11,062)
Depreciation and amortization	172,718	173,195
Amortization and reclassification of bond discounts and premiums	1,430	(2,355)
Payments to terminate interest rate exchange agreements	-	23,680
Net decrease (increase) in fair value of interest rate exchange agreements	180,551	(97,289)
Net decrease in fair value of option to execute interest rate exchange agreement	-	1,539
(Increase) decrease in:		
Accounts receivable, net of accrued investment income	(81,640)	(32,280)
Prepaid expenses and other assets	(3,411)	11,479
Contributions receivable	6,238	(1,533)
Interests in trusts held by others	105	(2,969)
Increase (decrease) in:		
Accounts payable and accrued liabilities, net of nonoperating items	(14,126)	(15,531)
Accrued compensation and withholdings	20,499	311
Deferred revenue	(6,632)	808
Actuarial liability for self-insurance	(5,805)	8,590
Actuarial liability for split-interest agreements	1,396	1,311
Net cash provided by operating activities	**112,253**	**213,124**
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of investments	(2,412,099)	(2,416,030)
Proceeds from sales of investments	2,231,160	2,499,503
Purchases of investments allocable to noncontrolling interests	(38,707)	(50,780)
Proceeds from sales of investments allocable to noncontrolling interests	40,815	47,179
(Increase) decrease in accrued investment income	(239)	1,307
Acquisitions of property, plant, and equipment	(143,089)	(124,411)
Proceeds from disposals of property, plant, and equipment	3,404	835
Student loans and other notes receivable disbursed	(10,090)	(3,091)
Principal collected on student loans and other notes receivable	4,888	4,524
Net cash used in investing activities	**(323,957)**	**(40,964)**
CASH FLOWS FROM FINANCING ACTIVITIES		
Contributions for plant and endowment	59,069	78,032
Increase in government advances for student loans	1,077	2,168
Proceeds from debt issuances	180,231	474,946
Payments to retire or defease debt	(243,950)	(536,580)
Payments to terminate interest rate exchange agreements	-	(23,680)
Proceeds from noncontrolling interests in investment partnerships	38,707	50,780
Payments to noncontrolling interests in investment partnerships	(40,815)	(47,179)
Net cash used in financing activities	**(5,681)**	**(1,513)**
Net (decrease) increase in cash and cash equivalents	**$ (217,385)**	**$ 170,647**
Cash and cash equivalents at beginning of year	**$ 1,129,804**	**$ 959,157**
Cash and cash equivalents at end of year	**$ 912,419**	**$ 1,129,804**

The accompanying notes are an integral part of the consolidated financial statements.

Vanderbilt University
Notes to the Consolidated Financial Statements

1. Organization

The Vanderbilt University (Vanderbilt) is a private, coeducational, not-for-profit, nonsectarian institution located in Nashville, Tennessee. Founded in 1873, Vanderbilt owns and operates educational, research, and health care facilities as part of its mission to be a leading center for informed and creative teaching, scholarly research, and public service. Vanderbilt provides educational services to approximately 6,800 undergraduate and 6,000 graduate and professional students enrolled in its 10 schools and colleges.

These consolidated financial statements include the accounts of all entities in which Vanderbilt has a significant financial interest and over which Vanderbilt has control. The patient care enterprise includes Vanderbilt University Hospitals and Clinics; Vanderbilt Medical Group, a physician practice program; and Vanderbilt Health Services, Inc., which includes wholly owned and joint ventured businesses primarily comprised of radiation oncology centers, imaging services, outpatient surgery centers, a home health care agency, and a home infusion and respiratory service.

All significant intercompany accounts and transactions have been eliminated in consolidation.

2. Summary of Significant Accounting Policies

Basis of Presentation
The consolidated financial statements of Vanderbilt have been prepared on the accrual basis in accordance with U.S. generally accepted accounting principles. Based on the existence or absence of donor-imposed restrictions, Vanderbilt classifies resources into three categories: unrestricted, temporarily restricted, and permanently restricted net assets.

Unrestricted net assets are free of donor-imposed restrictions. All revenues, gains, and losses that are not temporarily or permanently restricted by donors are included in this classification. All expenditures are reported in the unrestricted class of net assets, since the use of restricted contributions in accordance with donors' stipulations results in the release of the restriction.

Temporarily restricted net assets are limited as to use by donor-imposed stipulations that expire with the passage of time or that can be satisfied by action of Vanderbilt. These net assets may include unconditional pledges, split-interest agreements, interests in trusts held by others, and accumulated appreciation on donor-restricted endowments which have not yet been appropriated by the Board of Trust for distribution.

Permanently restricted net assets are amounts required by donors to be held in perpetuity. These net assets may include unconditional pledges, donor-restricted endowments (at historical value), split-interest agreements, and interests in trusts held by others. Generally, the donors of these assets permit Vanderbilt to use a portion of the income earned on related investments for specific purposes.

Expirations of temporary restrictions on net assets, i.e., the passage of time along with the concomitant annual Board of Trust approval of the endowment spending rate, and/or fulfilling donor-imposed stipulations, are reported as net assets released from restrictions between the applicable classes of net assets in the consolidated statements of activities.

Fair Value Measurements
Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosure* (ASC 820) defines fair value, requires expanded disclosures about fair value measurements, and establishes a three-level hierarchy for fair value measurements based on the observable inputs to the valuation of an asset or liability at the measurement date. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC 820 prioritizes the inputs to the valuation techniques used to measure fair value by giving the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements).

Furthermore, ASC 820 considers certain investment funds that do not have readily determinable fair values including private investments, hedge funds, real estate, and other funds. ASC 820 allows for using net asset value per share or its equivalent in estimating the fair value of interests in investment companies for which a readily determinable fair value is not available.

Cash and Cash Equivalents
Cash and cash equivalents are liquid assets with minimal interest rate risk and maturities of three months or less when purchased. Such assets, reported at fair value, primarily consist of depository account balances, money market funds, and short-term U.S. Treasury securities.

Prepaid Expenses and Other Assets
Prepaid expenses and other assets primarily represent inventories, prepaid expenses, and other segregated investment-related assets managed by third parties related to a legacy deferred compensation program that are earmarked to ultimately settle certain liabilities. This latter group of assets, reported at fair value, is excluded from the investments category since Vanderbilt will not directly benefit from the investment return.

Investments
Investments are reported at fair value using the three-level hierarchy established under ASC 820. Fair values for certain alternative investments, mainly investments in limited partnerships where a ready market for the investments does not exist, are based primarily on estimates reported by fund managers. The estimated values are reviewed and evaluated by Vanderbilt.

Vanderbilt has exposure to a number of risks including liquidity, interest rate, counterparty, basis, tax, regulatory, market, and credit risks for both marketable and nonmarketable securities. Due to the level of risk exposure, it is possible that near-term valuation changes for investment securities may occur to an extent that could materially affect the amounts reported in Vanderbilt's financial statements.

Vanderbilt sometimes uses derivatives to manage investment market risks and exposure. Derivatives, which consist of both internally managed transactions and those entered into through external investment managers, are reported at fair value. The most common instruments utilized are futures contracts and hedges against currency translation risk for investments denominated in other than U.S. dollars. For internally managed transactions, Vanderbilt utilizes futures contracts with durations of less than three months.

Purchases and sales of securities are recorded on the trade dates, and realized gains and losses are determined on the basis of the average historical cost of the securities sold. Net receivables and payables arising from unsettled trades are reported as a component of investments.

All endowment investments are managed as an investment pool, unless donor-restricted endowment gift agreements require that they be held separately.

Investments Allocable to Noncontrolling Interests and Net Assets Related to Noncontrolling Interests
For entities in which other organizations are minority equity participants to Vanderbilt's controlling interest, the respective assets are reported separately on the consolidated statements of financial position at fair value as investments allocable to noncontrolling interests.

The balance representing such organizations' minority or noncontrolling interests is recorded based on contractual provisions, which represent an estimate of a settlement value assuming the entity was liquidated in an orderly fashion as of the report date.

Split-Interest Agreements and Interests in Trusts Held by Others
Vanderbilt's split-interest agreements with donors consist primarily of irrevocable charitable remainder trusts, charitable gift annuities, and life income funds for which Vanderbilt serves as trustee. Assets held in these trusts are included in investments at fair value. Contribution revenue is recognized at the dates the trusts are established, net of the liabilities for the present value of the estimated future payments to be made to the donors and/or other beneficiaries. Annually, Vanderbilt records the change in fair value of split-interest agreements based on the assets that are associated with each trust and recalculates the liability for the present value of the estimated future payments to be made to the donors and/or other beneficiaries.

Vanderbilt is also the beneficiary of certain trusts held and administered by others. Vanderbilt's share of these trust assets is recorded at fair value as interests in trusts held by others with any resulting gains or losses reported as investment income.

Property, Plant, and Equipment
Purchased property, plant, and equipment are recorded at cost, including, where appropriate, capitalized interest on construction financing net of income earned on unspent proceeds. Donated assets are recorded at fair value at the date of donation. Repairs and maintenance costs are expensed as incurred. Additions to the library collection are expensed at the time of purchase.

Depreciation is calculated using the straight-line method to allocate the cost of various classes of assets over their estimated useful lives. Property, plant, and equipment are removed from the accounting records at the time of disposal.

Conditional asset retirement obligations related to legal requirements to perform certain future activities associated with the retirement, disposal, or abandonment of assets are accrued utilizing site-specific surveys to estimate the net present value for applicable future costs, e.g., asbestos abatement or removal.

Vanderbilt reviews long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. An impairment charge is recognized when the fair value of the asset or group of assets is less than the carrying value.

Debt Portfolio Financial Instruments
Long-term debt and capital leases are reported at carrying value. The carrying value of Vanderbilt's debt is the par amount adjusted for the net unamortized amount of bond premiums and discounts. Vanderbilt employs derivatives, primarily interest rate exchange agreements, to help manage interest rate risks associated with variable-rate debt. Derivative financial instruments are reported at fair value with any resulting gain or loss recognized as a nonoperating item in the consolidated statements of activities. In addition to the credit risk of the counterparty owing a balance, the fair value of interest rate exchange agreements is based on the present value sum of future net cash settlements that reflect market yields as of the measurement date. Periodic net cash settlement amounts with counterparties are accounted for as adjustments to interest expense on the related debt.

Parties to interest rate exchange agreements are subject to risk for changes in interest rates as well as risk of credit loss in the event of nonperformance by the counterparty. Vanderbilt deals only with high-quality counterparties that meet rating criteria for financial stability and credit worthiness. Additionally, the agreements require the posting of collateral when amounts subject to credit risk under the contracts exceed specified levels.

Revenue Recognition
Vanderbilt's revenue recognition policies are:

Tuition and educational fees, net—Student tuition and educational fees are recorded as revenues during the year the related academic services are rendered. Student tuition and educational fees received in advance of services to be rendered are recorded as deferred revenue. Financial aid provided by Vanderbilt for tuition and educational fees is reflected as a reduction of tuition and educational fees. Financial aid does not include payments made to students for services provided to Vanderbilt.

Grants and contracts, government sponsors—Revenues from government sponsored grants and contracts are recognized when allowable expenditures are incurred under such agreements.

Grants and contracts, private sponsors—Revenues from private sponsored grants and contracts are recognized when allowable expenditures are incurred under such agreements.

Facilities and administrative (F&A) costs recovery—F&A costs recovery is recognized as revenue and represents reimbursement, primarily from the federal government, of F&A costs on sponsored activities. Vanderbilt's federal F&A costs recovery rate for on-campus research was 56.0% in fiscal 2012 and 55.0% in fiscal

2011. Vanderbilt's federal F&A costs recovery rate for off-campus research was 28.5% in both fiscal 2012 and 2011.

Health care services—Health care services revenue is reported at established rates, net of contractual adjustments, charity assistance services, and provision for bad debt. Third party contractual revenue adjustments under governmental reimbursement programs are accrued on an estimated basis in the period the related services are rendered. The estimated amounts for Medicare are adjusted as final settlements are determined by Vanderbilt's Medicare Administrative Contractor (MAC).

Vanderbilt implemented the provisions of Accounting Standards Update (ASU) 2011-07, *Health Care Entities: Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities* (ASU 2011-07) which specifies that bad debt related to patient service revenue is to be reported as a component of net patient service revenue (contra revenue) for fiscal years beginning after December 15, 2011. Vanderbilt elected to early adopt ASU 2011-07 for fiscal 2012. Accordingly, certain amounts in fiscal 2011 have been reclassified to conform to the fiscal 2012 presentation.

Contributions

Unconditional promises to give (pledges) are recognized as contribution revenue when the donor's commitment is received. Pledges with payments due to Vanderbilt in future periods are recorded as increases in temporarily restricted or permanently restricted net assets at the estimated present value of future cash flows, net of an allowance for estimated uncollectible promises. Allowance is made for uncollectible contributions receivable based upon Vanderbilt's analysis of past collection experience and other judgmental factors.

Contributions with donor-imposed restrictions are recorded as unrestricted revenue if those restrictions are met in the same reporting period. Otherwise, contributions with donor-imposed restrictions are recorded as increases in temporarily restricted or permanently restricted net assets, depending on the nature of the restriction.

Contributions recorded as temporarily restricted net assets are released from restrictions and recognized as unrestricted net assets after any donor stipulations are met. Contributions for plant facilities are released from restrictions and recognized as a nonoperating item only after resources are expended for the applicable plant facilities.

Contributions receivable of pledged securities are stated at the fair value of the underlying securities. Net changes on shares pledged in prior years due to fair value changes for the underlying securities are reported separately as nonoperating gains or losses on contributions receivable in the consolidated statements of activities.

In contrast to unconditional promises as described above, conditional promises (primarily bequest intentions) are not recorded until donor contingencies are substantially met.

Operating Results

Operating results (change in unrestricted net assets from operating activity) in the consolidated statements of activities reflect all transactions that change unrestricted net assets, except for nonoperating activity related to endowment and other investments, changes in the fair value of derivative financial instruments, contributions for plant facilities, and certain other nonrecurring items.

Endowment distributions reported as operating revenue consist of endowment return (regardless of when such income arose) distributed to support current operational needs. Vanderbilt's Board of Trust approves the amount to be distributed from the endowment pool on an annual basis, determined by applying a spending rate to an average of the previous three calendar year-end market values. The primary objective of the endowment distribution methodology is to reduce the impact of capital market fluctuations on operational programs.

Operating investment income consists of dividends, interest, and gains and losses on unrestricted, nonendowed investments directly related to core operating activities. Such income includes investment returns on Vanderbilt's working capital assets. For working capital assets invested in long-term pooled investments managed in conjunction with endowment funds, the amount resulting from pre-established distributions from pooled investments is deemed operating investment income; the difference between total returns for these pooled investments and the aforementioned pre-established distributions is reported as nonoperating activity. Operating investment income also excludes investment returns on segregated gift funds and funds set aside for nonoperating purposes such as segregated assets for self-insurance relative to malpractice and professional liability and assets on deposit with trustees.

Management and administrative support costs attributable to divisions that primarily provide health care or auxiliary services are allocated based upon institutional budgets. Thus, institutional support expense separately reported in the consolidated statements of activities relates to Vanderbilt's other primary programs such as instruction, research, and public service.

Costs related to the operation and maintenance of physical plant, including depreciation of plant assets, are allocated to operating programs and supporting activities based upon facility usage. Additionally, interest expense is allocated to the activities that have benefited most directly from the debt proceeds.

Income Taxes

Vanderbilt is a tax-exempt organization as described in Section 501(c)(3) of the Internal Revenue Code (the Code), and generally is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Vanderbilt is, however, subject to federal and state income tax on unrelated business income, and provision for such taxes is included in the accompanying consolidated financial statements.

Use of Estimates

The preparation of financial statements requires the use of estimates and assumptions that affect the reported amounts of assets, liabilities, revenues, and expenses during the reporting period as well as the disclosure of contingent assets and liabilities. Actual results ultimately could differ from management's estimates.

Subsequent Events

Vanderbilt evaluated events subsequent to June 30, 2012, and through the date on which the consolidated financial statements were issued, October 19, 2012. No material subsequent events were identified for recognition or disclosure.

Redesignations

When donors amend or clarify intent for applicable contributions reported in a previous fiscal year, revisions are separately reflected as donor designation changes within the consolidated statements of activities.

Reclassifications

Certain reclassifications have been made to prior year amounts to conform to the current year presentation.

3. Accounts Receivable

Accounts receivable as of June 30 were as follows *(in thousands)*:

	2012	2011
Patient care	$ 529,501	$ 448,013
Students, grants, and other	103,861	102,876
Accrued investment income	2,010	1,771
Accounts receivable, gross	635,372	552,660
Less: Allowance for bad debts	116,806	115,973
Accounts receivable, net	**$ 518,566**	**$ 436,687**
Days receivable	*51.0*	*43.1*

Gross patient care receivables represented 83.3% and 81.1% of total gross receivables as of June 30, 2012 and 2011, respectively. The largest portion of patient care receivables relates to Vanderbilt University Hospitals and Clinics (the Hospital) and in turn the largest component of the Hospital's receivables was from third party payors.

The Hospital provides services to patients in advance of receiving payment and generally does not require collateral or other security for those services. However, the Hospital routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits payable under their health insurance programs, plans, or policies (e.g., Medicare, Medicaid, TennCare, Blue Cross, health maintenance organizations, and commercial insurance policies).

As of June 30, the Hospital had receivables, net of related contractual allowances, including estimated amounts for cost reports and other settlements with government payors, from the following third party payors *(in thousands)*:

	2012	2011
Medicare	$ 49,435	$ 31,375
TennCare/Medicaid	62,274	50,925
Blue Cross	104,168	91,840
Various commercial carriers	171,738	147,275
Total from third party payors	**$ 387,615**	**$ 321,415**

Patient care bad debt expense, reported as a reduction to health care services revenue on the consolidated statements of activities, totaled $112.0 million and $111.0 million as of June 30, 2012 and 2011, respectively.

4. Contributions Receivable

Contributions receivable as of June 30 were as follows *(in thousands)*:

	2012	2011
Unconditional promises expected to be collected:		
in one year or less	$ 31,621	$ 30,052
between one year and five years	50,659	60,509
in more than five years	3,509	2,165
Contributions receivable	85,789	92,726
Less: Unamortized discount	1,798	2,308
Less: Allowance for uncollectible promises	11,657	11,846
Contributions receivable, net	**$ 72,334**	**$ 78,572**

Contributions receivable are discounted at a rate commensurate with the scheduled timing of receipt. Such amounts outstanding as of June 30, 2012 and June 30, 2011, generally were discounted at rates ranging from 0.5% to 2.0%.

The methodology for calculating an allowance for uncollectible promises is based upon Vanderbilt's analysis of write-offs as a percentage of gross pledges receivable along with assessing the age and activity of outstanding pledges.

In addition to pledges reported as contributions receivable, Vanderbilt received bequest intentions of approximately $246.5 million and $241.6 million as of June 30, 2012 and 2011, respectively. These intentions to give are not recognized as assets due to their conditional nature.

Contributions receivable, net as of June 30, were classified as follows *(in thousands)*:

	2012	2011
Contributions receivable, net:		
Temporarily restricted	$ 32,741	$ 27,334
Permanently restricted	39,593	51,238
Total	**$ 72,334**	**$ 78,572**

5. Student Loans and Other Notes Receivable

Student loans and other notes receivable, net, as of June 30 along with related allowances for doubtful accounts were as follows *(in thousands)*:

	2012		2011	
	Net Receivable	Related Allowance	Net Receivable	Related Allowance
Federal loans	$ 17,979	$ 1,780	$ 17,766	$ 1,725
Institutional loans	20,240	2,733	15,353	2,732
Faculty mortgages	7,190	-	7,088	-
Student loans and other notes receivable, net	**$ 45,409**		**$ 40,207**	

Vanderbilt remains committed to "no-loans" for its undergraduate students, meaning that the university is meeting demonstrated financial need solely with grant assistance. For other groups (e.g., graduate students), participation in several federal revolving loan programs, including the Perkins program, has continued. The availability of funds for loans under these programs is dependent on reimbursements to the pool from repayments on outstanding loans. Funds advanced by the federal government ultimately are refundable to the government and are classified as liabilities in the statements of financial position. Outstanding loans cancelled under the program result in a reduction of the funds available for loan and a decrease in the liability to the government.

Allowances for doubtful accounts are established based on prior collection experience and current economic factors which, in management's judgment, could influence the ability of loan recipients to repay amounts due. Institutional loan balances are written off only when they are deemed to be permanently uncollectible.

As part of Vanderbilt's efforts to attract and retain a world-class faculty, Vanderbilt provides home mortgage financing assistance. Notes receivable amounting to $7.2 million were outstanding at June 30, 2012. These notes are collateralized by deeds of trust on properties concentrated in the surrounding region. No allowance for doubtful accounts has been recorded against these loans based on their collateralization and prior collection history.

6. Investments

The fair value of investments consists of the following as of June 30 *(in thousands)*:

	2012	2011
Derivative contract collateral and short-term securities[1]	$ 259,835	$ 95,249
Equity investments		
Developed market equities [2]	138,400	165,067
Emerging market equities [2]	379,499	473,727
Fixed income [1]	451,220	359,580
Absolute return [2]	678,064	751,522
Other hedge funds [2]	360,369	301,037
Private equity [3]	745,136	754,233
Venture capital [3]	433,306	395,798
Real estate [3]	322,856	269,553
Natural resources [3]	274,183	255,343
Equity method securities and trusts[4]	18,082	18,367
Other investments[4]	12,450	23,955
Total fair value	**$ 4,073,400**	**$ 3,863,431**
Total cost	**$ 3,570,332**	**$ 3,318,454**

[1] Fair value is based primarily on quoted prices in active markets.
[2] Fair value is based on the net asset value per share of the specifc investments as provided by the fund managers.
[3] Fair value is based on the net asset value of Vanderbilt's ownership interests at the fund level as provided by the fund managers.
[4] Carrying value provides a reasonable estimate of fair value for certain components.

Included in the amounts reported in the table above are investments allocable to noncontrolling interests (i.e., minority limited partners) reported at fair value. During fiscal 2012, the minority limited partners funded capital commitments totaling $38.7 million. Additionally, Vanderbilt made payments to the minority limited partners of $40.8 million reflecting a distribution of earnings and returned capital from the underlying private fund assets. For the year ended June 30, 2012, the minority limited partners' interests in the results of the underlying returns from the private fund assets were $176.1 million. The balance of unrestricted net assets related to noncontrolling interests, calculated in accordance with the partnership agreements, was $201.4 million as of June 30, 2012.

Investments, along with cash and cash equivalents, provide liquidity support for Vanderbilt's operations. Of these combined amounts, based on prevailing market conditions as of June 30, 2012, $792.4 million was available on a same-day basis and an additional $893.1 million was available within 30 days.

Excluding derivative instruments that may be held by investment managers as part of their respective investment strategies, Vanderbilt held financial futures derivative contracts with notional values of $729.2 million and $575.7 million as of June 30, 2012 and 2011, respectively. The fair market value of such contracts is settled daily between counterparties.

Short-term securities and derivative contract collateral are comprised primarily of amounts posted as collateral in accordance with interest rate exchange agreements and unspent bond proceeds with trustees.

Equity investments consist of investment funds globally diversified across public markets including U.S. markets, other developed markets, and emerging markets. Fund managers of these investments have the ability to shift investments from value to growth strategies, from small to large capitalization stocks, and from a net long position to a net short position.

> ***Developed market equities*** are comprised of investments in U.S. common stocks and other developed countries whose markets have a relatively high level of economic growth and security.
>
> ***Emerging market equities*** include investments in the emerging global economies as defined by Morgan Stanley Capital International (MSCI) Emerging Markets Index.

Fixed income investments are directed towards capital preservation and predictable yield as well as more opportunistic strategies focused on generating return on price appreciation. These investments generally consist of U.S. Treasury debt securities, but may also include other highly liquid debt securities.

Absolute return investments reflect multiple strategies such as event driven, relative value, and equity funds to diversify risks and reduce volatility in the portfolio generally in hedge fund structures.

Other hedge fund investments include investments in both long and short primarily credit-oriented securities. Investments may include mortgage backed securities, trade finance, debt and asset-backed securities, repurchase agreements, senior loans, and bank loans.

Private equity includes investments that participate primarily in leveraged buyout strategies. Distributions from these investments are received through liquidations of the underlying assets. These investments generally are held in commingled limited partnership funds.

Venture capital consists of investments that participate in early-stage, high-potential, high-risk, growth startup companies. These investments generally are held in commingled limited partnership funds. Distributions from these investments are received through liquidations of the underlying assets.

Real estate is comprised of illiquid investments in residential and commercial real estate assets, projects, or land held directly or in commingled limited partnership funds. The nature of the investments in this category is such that distributions generally reflect liquidation of the underlying assets of the funds.

Natural resources includes illiquid investments in timber, oil and gas production, mining, energy, and related services businesses held directly or in commingled limited partnership funds.

Equity method securities and trusts are investments in joint ventures accounted for under the equity method of accounting and Vanderbilt's split-interest agreements with donors.

7. Endowment

The endowment represents only those related net assets that are under the control of Vanderbilt. Endowment-related assets include donor-restricted endowments and institutional endowments (quasi-endowments). Gift annuities, interests in trusts held by others, contributions pending donor designation, and permanently restricted contributions receivable are not considered components of the endowment.

The Board of Trust's interpretation of its fiduciary responsibilities for donor-restricted endowments under the Uniform Prudent Management of Institutional Funds Act (UPMIFA) requirements, barring the existence of any donor-specific provisions, is to preserve intergenerational equity. Under this broad guideline, future endowment beneficiaries should receive at least the same level of economic support as the current generation. The overarching objective is to preserve and enhance the real (inflation-adjusted) purchasing power of the endowment in perpetuity. Assets are invested to provide a relatively predictable and stable stream of earnings to meet spending needs and attain long-term return objectives without the assumption of undue risks.

UPMIFA specifies that unless stated otherwise in a gift instrument, donor-restricted assets in an endowment fund are restricted assets until appropriated for expenditure. Barring the existence of specific instructions in gift agreements for donor-restricted endowments, Vanderbilt reports the historical value for such endowments as permanently restricted net assets and the net accumulated appreciation as temporarily restricted net assets. In this context, historical value represents the original value of initial contributions restricted as permanent endowments plus the original value of subsequent contributions and, if applicable, the value of accumulations made in accordance with the direction of specific donor gift agreements.

Specific appropriation for expenditure of Vanderbilt's endowment funds occurs each spring when the Board of Trust approves the university's operating budget for the ensuing fiscal year. For fiscal years 2012 and 2011, Vanderbilt's Board of Trust approved endowment distributions based on 4.5% of the average of the previous three calendar year-end market values. Actual realized endowment return earned in excess of distributions is reinvested as part of Vanderbilt's endowment. For years where actual endowment return is less than the distribution, the shortfall is covered by the endowment pool's cumulative returns from prior years.

Board-appropriated endowment distributions may not be fully expended during a particular fiscal year. In some cases, endowment distributions may be approved for reinvestment into the endowment.

A summary of Vanderbilt's endowment for the fiscal years ended June 30 follows (*in thousands*):

2012

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowments at historical value	$ -	$ 26,889	$ 962,796	$ 989,685
Accumulated net appreciation of donor-restricted endowments	-	1,040,036	-	1,040,036
Reinvested distributions of donor-restricted endowments				
At historical value	133,836	1,641	-	135,477
Accumulated net appreciation	144,321	1,767	-	146,088
Institutional endowments				
At historical value	208,716	-	-	208,716
Accumulated net appreciation	840,034	-	-	840,034
Endowment net assets as of June 30, 2012	**$ 1,326,907**	**$ 1,070,333**	**$ 962,796**	**$ 3,360,036**

2011

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowments at historical value	$ -	$ 26,564	$ 910,750	$ 937,314
Accumulated net appreciation of donor-restricted endowments	-	1,102,607	-	1,102,607
Reinvested distributions of donor-restricted endowments				
At historical value	129,010	1,727	-	130,737
Accumulated net appreciation	177,185	2,178	-	179,363
Institutional endowments				
At historical value	177,826	-	-	177,826
Accumulated net appreciation	847,306	-	-	847,306
Endowment net assets as of June 30, 2011	**$ 1,331,327**	**$ 1,133,076**	**$ 910,750**	**$ 3,375,153**

The components of the life-to-date accumulated net appreciation of pooled endowments as of June 30 were as follows *(in thousands)*:

	2012	2011
Net realized appreciation less endowment distributions	$ 1,644,115	$ 1,712,298
Net unrealized appreciation	382,043	416,978
Total	**$ 2,026,158**	**$ 2,129,276**

In striving to meet the overarching objectives for the endowment, over the past 20 years, there has been an 11% annualized standard deviation in Vanderbilt's returns. This level of risk is consistent with that accepted by peer institutions. Currently, the endowment portfolio consists of three primary components, each of which is designed to serve a specific role in establishing the right balance between risk and return. Global public and private equity investments, including venture capital and many hedge funds, are expected to produce favorable returns in environments of accelerated growth and economic expansion. Absolute return and fixed income investments are expected to generate stable returns and preserve capital during periods of poor equity performance. Real estate and natural resources allocations are designed to provide an inflation hedge.

From time to time, the fair value of assets associated with an endowed fund may fall below the level that a donor or UPMIFA requires in terms of maintenance of perpetual duration endowments. As of June 30, 2012 and 2011, Vanderbilt had deficiencies of this nature of approximately $11 million and $7 million, respectively. These deficiencies resulted from unfavorable market declines that occurred after the investment of recent permanently restricted contributions. Vanderbilt believes these declines are modest in relation to the total market value for donor-restricted endowments and that these deficiencies will be relatively short-term in nature. Changes in endowment net assets for the fiscal years ended June 30 were as follows *(in thousands)*:

2012

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets as of June 30, 2011	$ 1,331,327	$ 1,133,076	$ 910,750	$ 3,375,153
Endowment investment return:				
Investment income, net of fees	15,725	24,672	-	40,397
Net appreciation (realized and unrealized)	4,848	7,607	-	12,455
Total endowment investment return	20,573	32,279	-	52,852
Gifts and additions to endowment, net	35,722	240	52,046	88,008
Endowment distributions	(57,569)	(90,326)	-	(147,895)
Transfers for internal management costs	(3,385)	(5,311)	-	(8,696)
Other	239	375	-	614
Endowment net assets as of June 30, 2012	**$ 1,326,907**	**$ 1,070,333**	**$ 962,796**	**$ 3,360,036**

2011

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets as of June 30, 2010	$ 1,195,501	$ 970,579	$ 841,527	$ 3,007,607
Endowment investment return:				
Investment income, net of fees	4,039	6,393	-	10,432
Net appreciation (realized and unrealized)	153,571	243,078	-	396,649
Total endowment investment return	157,610	249,471	-	407,081
Gifts and additions to endowment, net	38,845	8,992	69,223	117,060
Endowment distributions	(58,950)	(93,308)	-	(152,258)
Transfers for internal management costs	(2,045)	(3,237)	-	(5,282)
Other	366	579	-	945
Endowment net assets as of June 30, 2011	**$ 1,331,327**	**$ 1,133,076**	**$ 910,750**	**$ 3,375,153**

8. Investment Return

A summary of investment return, including endowment distributions, by net asset category for the fiscal years ended June 30 follows *(in thousands)*:

	2012	2011
OPERATING		
Unrestricted:		
Endowment distributions	$ 136,883	$ 142,252
Investment income	19,831	14,666
Total operating return	**156,714**	**156,918**
NONOPERATING		
Unrestricted:		
Change in appreciation of institutional endowments, net of distributions	(31,447)	102,258
Change in appreciation of self-insurance assets	876	11,299
Investment (loss) income	(2,476)	13,767
Temporarily restricted:		
Endowment distributions	8,565	7,450
Investment income	276	13,583
Change in appreciation of donor-restricted endowments, net of distributions	(62,982)	153,510
Permanently restricted:		
Endowment distributions	2,447	2,556
Investment (loss) income	(969)	6,062
Total nonoperating return	**(85,710)**	**310,485**
Total investment return	**$ 71,004**	**$ 467,403**

The components of total investment return for the fiscal years ended June 30 were as follows *(in thousands)*:

	2012	2011
Net interest, dividend, and partnership income	$ 54,210	$ 100,614
Net realized gains from original cost	56,783	56,526
Change in unrealized appreciation	(39,989)	310,263
Total investment return	**$ 71,004**	**$ 467,403**

In addition to a core group of investment professionals dedicated to the management of Vanderbilt's endowment, Vanderbilt also employs external investment managers. Particularly for alternative investments such as hedge funds, investment manager fee structures frequently have a base component along with a performance component relative to the entire life of the investments. Under these arrangements, management fees frequently are subject to substantial adjustments based on cumulative future returns for a number of years hence.

Investment returns are reported net of returns attributed to limited partners on investments allocable to noncontrolling interests. Investment returns are also reported net of internal management costs of $8.7 million in fiscal 2012 and $5.3 million in fiscal 2011.

Fees paid directly to external investment managers (i.e., segregated investment account fees) totaled $9.0 million and $10.7 million in fiscal 2012 and 2011, respectively.

9. Property, Plant, and Equipment

Property, plant, and equipment as of June 30 were as follows *(in thousands)*:

	2012	2011
Land	$ 73,859	$ 71,494
Buildings and improvements	2,657,197	2,587,239
Moveable equipment	879,482	830,102
Construction in progress	55,264	38,161
Property, plant, and equipment	3,665,802	3,526,996
Less: Accumulated depreciation	1,938,191	1,772,472
Property, plant, and equipment, net	**$ 1,727,611**	**$ 1,754,524**

Purchases for the library collection are not included in the amounts above since they are expensed at the time of purchase. As of June 30, 2012, the estimated replacement cost for library collections, including processing costs to properly identify, catalog, and shelve materials, totaled about $293 million.

Capitalized interest of $0.8 million in fiscal 2011 was added to construction in progress and/or buildings and improvements; no interest was capitalized in fiscal 2012.

Internally developed software costs of $5.8 million and $5.4 million were capitalized in fiscal 2012 and 2011, respectively.

Vanderbilt has identified conditional asset retirement obligations, primarily for the costs of asbestos removal and disposal, resulting in liabilities of $20.0 million and $19.3 million as of June 30, 2012 and 2011, respectively. These liabilities, which are estimated using an inflation rate of 4.0% and a discount rate of 5.0% based on relevant factors at origination, are included in accounts payable and accrued liabilities in the consolidated statements of financial position.

10. Long-Term Debt, Capital Leases, and Commercial Paper

Long-term debt consists of bonds and notes payable with scheduled final maturity dates at least one year after the original issuance date. Outstanding long-term debt, capital leases, and commercial paper (CP) obligations are reflected in the financial statements at carrying value and, as of June 30, were as follows *(in thousands)*:

	Years to Nominal Maturity	Outstanding Fixed Coupon Interest Rates as of June 30, 2012	Fiscal 2012 Effective Interest Rate[2]	Outstanding Principal 2012	2011
FIXED-RATE DEBT					
Series 1998B	17	-	5.0%	$ -	$ 29,705
Series 1998C[1]	3	-	5.0%	-	8,850
Series 2001A	4	-	5.0%	-	7,660
Series 2001B[1]	11	-	5.0%	-	42,585
Series 2008A	7	4.50%-5.00%	4.0%	122,600	127,600
Series 2008B[1]	7	4.00%-5.00%	3.9%	105,710	111,400
Series 2009A	28	4.00%-5.50%	4.9%	97,100	97,100
Series 2009B[1]	28	5.00%-5.50%	5.0%	232,900	232,900
Series 2009A Taxable	7	5.25%	5.0%	250,000	250,000
Series 2012C	6	2.00%-5.00%	0.8%	42,315	-
Fixed-rate debt			4.7%	**850,625**	**907,800**
VARIABLE-RATE DEBT					
Series 2000A	19		0.2%	53,300	54,900
Series 2000B	19		0.2%	-	54,900
Series 2002A	21		0.2%	-	19,260
Series 2003A[1]	7		0.2%	-	20,900
Series 2005A	33		0.2%	68,000	113,300
Series 2012A	27		0.6%	67,000	-
Series 2012B	27		0.8%	67,000	-
Variable-rate debt			0.2%	**255,300**	**263,260**
Par amount of long-term debt			3.7%	1,105,925	1,171,060
Net unamortized premium			-	9,115	3,768
Total long-term debt			3.7%	1,115,040	1,174,828
Capital leases	1 to 3		4.7%	1,989	3,703
Total long-term debt and capital leases			**3.7%**	**1,117,029**	**1,178,531**
Tax-exempt commercial paper	<1		0.3%	149,205	150,000
Taxable commercial paper	<1		0.3%	114,870	114,862
Total commercial paper			**0.3%**	**264,075**	**264,862**
Total long-term debt, capital leases, and commercial paper			**3.1%**	**$ 1,381,104**	**$ 1,443,393**

[1] Issued under Master Trust Indenture structure.

[2] Exclusive of interest rate exchange agreements. Inclusive of these agreements, the overall portfolio effective interest rate was 4.9%.

The preceding table reflects fixed/variable allocations before the effects of interest rate exchange agreements. Such agreements are covered in more detail in a successive note.

Tax-exempt CP and all of the aforementioned bonds (with the exception of the Series 2009A Taxable notes) have been issued by the Health and Educational Facilities Board of The Metropolitan Government of Nashville and Davidson County, Tennessee (HEFB). As a conduit issuer, the HEFB loans the debt proceeds to Vanderbilt. Pursuant to loan agreements, Vanderbilt's debt service requirements under these loan agreements coincide with required debt service of the actual HEFB bonds.

All debt instruments are general obligations of Vanderbilt. No assets are pledged as collateral for such debt.

Included in the foregoing table are hospital and clinic (patient care) bonds, with a principal balance outstanding of $338.6 million as of June 30, 2012, that were issued under a Master Trust Indenture (MTI) structure. The MTI provides the flexibility for multiple parties to participate in debt issuances as part of an obligated group; presently, Vanderbilt's hospitals and clinics have no other members participating in the obligated group. Bonds issued under the MTI are payable from hospital revenues. All outstanding MTI bonds are also supplemented by a Vanderbilt guarantee of debt service.

Trust indentures for certain bond issues contain covenants and restrictions involving the issuance of additional debt, maintenance of a specified debt service coverage ratio, and the maintenance of liquidity facilities. Vanderbilt was in compliance with such covenants and restrictions as of June 30, 2012.

Selected information for debt, CP, and interest rate exchange agreements follows *(in thousands)*:

	2012	2011
Payments for interest costs	$ 72,125	$ 79,126
Accrued interest expense	$ 67,977	$ 74,794

Payments for interest costs, including amounts capitalized, occur on varying scheduled payment dates for debt, maturity dates for CP, and settlement dates for interest rate exchange agreements. Accrued interest expense is based on applicable interest rates for Vanderbilt's debt, CP, and interest rate exchange agreements for the respective fiscal year.

Principal retirements and scheduled sinking fund requirements based on nominal maturity schedules for long-term debt due in subsequent fiscal years ending June 30 are as follows *(in thousands)*:

2013	$ 33,190
2014	34,530
2015	36,200
2016	50,065
2017	40,505
Thereafter	911,435
Total long-term debt principal retirements	**$ 1,105,925**

In addition to scheduled principal and interest payments on long-term debt obligations, Vanderbilt's capital lease agreements outstanding as of June 30, 2012, will require payments of $1.5 million during fiscal 2013. Of those payments, $1.4 million will be allocated toward amortizing the $1.9 million capital lease obligation. Furthermore, requirements noted in the preceding table could be greater if Vanderbilt must purchase either a portion or all of its variable-rate demand obligations, floating-rate notes, and CP in the event of failed remarketings on the respective weekly reset dates, mandatory tender dates, or scheduled maturities as described in the following paragraphs.

Vanderbilt had $255.3 million of variable-rate bonds outstanding as of June 30, 2012, consisting of $121.3 million of weekly variable-rate demand obligations and $134.0 million of floating-rate notes with mandatory tender dates of October 1, 2015 and 2017. During fiscal 2011, all of Vanderbilt's variable-rate bonds were in weekly interest rate reset modes. In the event that Vanderbilt receives notice of an optional tender on its variable-rate demand obligations, the purchase price of the bonds will be paid from the remarketing of such bonds. If the remarketing proceeds are insufficient, Vanderbilt will have a current obligation to purchase the bonds tendered.

As of June 30, 2012, Vanderbilt had $149.2 million of tax-exempt CP outstanding and $114.9 million of taxable CP outstanding. Vanderbilt can issue up to a combined $675.0 million under its tax-exempt and taxable CP programs. However, issuance of incremental taxable CP beyond that outstanding as of June 30, 2012, would require approval by Vanderbilt's Board of Trust, and issuance of incremental tax-exempt CP would require approval by both Vanderbilt's Board of Trust and the HEFB as conduit issuer.

The weighted average duration of Vanderbilt's CP portfolio totaled 151 days as of June 30, 2012, and 96 days as of June 30, 2011.

Liquidity support for debt with short-term remarketing periods (weekly reset variable-rate bonds and CP totaling $385.4 million) is provided by Vanderbilt's self-liquidity. As of June 30, 2012, Vanderbilt estimates that $792.4 million of liquid assets were available on a same-day basis and an additional $893.1 million was available within 30 days.

A second tier of liquidity support consists of two bank revolving credit facilities with maximum available commitments totaling $200.0 million as of June 30, 2012, dedicated solely to Vanderbilt's debt portfolio liquidity support. These commitments expire in March 2013 and March 2014. Maximum repayment periods, which may extend beyond the expiration dates, range from 90 days to three years. Vanderbilt has never borrowed against revolving credit agreements to support redemptions of debt.

Vanderbilt has also entered into agreements with two banks to provide general use lines of credit with maximum available commitments totaling $300.0 million as of June 30, 2012. These lines of credit, which may be drawn upon for general operating purposes, expire in June 2013 and October 2014. No amounts were drawn on these credit facilities as of June 30, 2012 or June 30, 2011.

Vanderbilt's long-term debt is reported at carrying value, which is the par amount adjusted for the net unamortized amount of bond premiums and discounts. The carrying value and estimated market value of Vanderbilt's long-term debt as of June 30 were as follows *(in thousands)*:

	2012	2011
Carrying value of long-term debt	$ 1,115,040	$ 1,174,828
Market value of long-term debt	$ 1,205,749	$ 1,237,561

The estimated market value of Vanderbilt's long-term debt is based on market conditions prevailing at fiscal year-end reporting dates. Besides potentially volatile market conditions, market value estimates typically also reflect limited secondary market trading. Vanderbilt's capital leases and commercial paper are also reported at carrying value, which closely approximates market value for those liabilities.

On October 1, 2011, Vanderbilt fully redeemed the remaining principal maturities of the Series 1998B and 1998C fixed-rate bonds

On March 29, 2012, Vanderbilt issued the Series 2012A, 2012B, and 2012C bonds aggregating $176.3 million for the purpose of redeeming weekly reset variable-rate debt and callable fixed-rate debt. The Series 2012A and 2012B variable-rate bonds (floating-rate notes) were issued in the amount of $134.0 million and bear interest initially at fixed spreads to weekly SIFMA resets of 0.40% and 0.60%, respectively, through the initial mandatory tender dates of October 1, 2015 and October 1, 2017, respectively, and final maturity dates of October 1, 2038. Series 2012A and 2012B proceeds were used to fund the full redemption of Vanderbilt's variable-rate Series 2000B, 2002B, and 2003A and a partial redemption of Series 2005A. The Series 2012C fixed-rate bonds were issued in the par amount of $42.3 million and include an original issue premium of $3.9 million. The Series 2012C bonds are noncallable with an an average coupon of 4.7% and a final maturity of October 1, 2017. Par and premium proceeds from the Series 2012C issuance fully funded the redemption of Series 2001A and 2001B fixed-rate principal maturities due after May 1, 2012. This refunding produced a $0.8 million accounting loss reported as other nonoperating in the consolidated statement of activities and resulted in present value savings of $6.7 million.

None of Vanderbilt's fixed-rate debt has a mandatory tender date preceding the respective final maturity dates. The Series 2008A and 2008B bonds include amortizing principal amounts each year but these bonds are noncallable before their October 2018 final maturity date. The Series 2009A and 2009B bonds include amortizing principal amounts each year beginning fiscal 2016 and these bonds may be called at par beginning October 2019. The Series 2009A Taxable notes do not amortize and are callable before the April 2019 maturity date only if Vanderbilt pays a make-whole call provision to the bondholders. The Series 2012C bonds include annual amortizing principal amounts beginning October 2012, excluding October 2015, until their final maturity in October 2017.

11. Interest Rate Exchange Agreements

Vanderbilt has entered into interest rate exchange agreements as part of its debt portfolio management strategy. These agreements result in periodic net cash settlements paid to, or received from, counterparties. Net settlements due to counterparties totaled $25.5 million and $29.9 million in fiscal 2012 and 2011, respectively, and were reflected as adjustments to interest expense.

The fair value of interest rate exchange agreements is based on the present value sum of future net cash settlements that reflect market yields as of the measurement date and reflects estimated amounts that Vanderbilt would pay, or receive, to terminate the contracts as of the report date. The estimated fair value of Vanderbilt's outstanding interest rate exchange agreements was a liability of $315.6 million and a liability of $135.0 million as of June 30, 2012 and 2011, respectively.

Vanderbilt did not enter into any new interest rate exchange agreements during fiscal 2012 or 2011. Vanderbilt allowed a $500.0 million fixed-receiver interest rate exchange contract option to expire. This option had zero intrinsic value on the expiration date of December 1, 2010.

During fiscal 2011, Vanderbilt terminated $280.0 million of fixed-payer interest rate exchange agreements at a net cost of $23.7 million to reduce collateral exposure and eliminate ongoing settlement costs as reported in the nonoperating section of the consolidated statement of activities.

Gains and losses from changes in the fair value of interest rate exchange agreements are reported in the nonoperating section of the consolidated statements of activities. These changes resulted in net losses of $180.6 million in fiscal 2012 and net gains of $72.1 million in fiscal 2011.

The interest rate exchange agreements include collateral pledging requirements based on the fair value of the contracts. Collateral held by counterparties as of June 30, 2012 and 2011, totaled $236.2 million and $81.4 million, respectively. Vanderbilt estimates that a decline in long-term LIBOR rates to approximately 2% would result in the fair value of the portfolio being a liability of approximately $400 million and correspondingly increase Vanderbilt's collateral pledging requirements to approximately $310 million. As of June 30, 2012, 30-year LIBOR was 2.51%.

As of June 30, 2012, Vanderbilt's adjusted debt portfolio, after taking into account outstanding fixed-payer interest rate exchange agreements, was approximately 115% fixed.

The notional amounts of Vanderbilt's outstanding interest rate exchange agreements as of June 30 were as follows *(in thousands)*:

Description	Rate Paid	Rate Received	Maturity	2012	2011
Fixed-payer interest rate exchange agreements[1]	Avg fixed rate of 3.72%	Avg of 68.3% of one-month LIBOR[2]	19 to 33 years	$ 721,600	$ 724,800
Basis interest rate exchange agreements	SIFMA[3]	Avg of 81.5% of one-month LIBOR[2]	23 to 24 years	$ 500,000	$ 500,000

[1] For one amortizing fixed-payer interest rate exchange agreement that will have a notional balance of $51.6 million in October 2012, the counterparty may exercise an option to terminate the contract, in whole or in part and at no cost, at any time from that date until the final maturity in October 2030.
[2] LIBOR (London Interbank Offered Rate) is a reference rate based on interest rates at which global banks borrow funds from other banks in the London interbank lending market.
[3] SIFMA (Securities Industry and Financial Markets Association) is a seven day high-grade market index rate based upon tax-exempt variable rate debt obligations.

12. Net Assets

Unrestricted net assets are internally designated into the following groups:

Designated for operations represents the cumulative operating activity of Vanderbilt and plant replacement reserves. These net assets also reflect the realized losses of derivative financing activities.

Designated gifts and grants are composed of gift and grant funds.

Designated for student loans represents Vanderbilt funds set aside to serve as revolving loan funds for students.

Designated for plant facilities represents (a) Vanderbilt's investment in property, plant, and equipment, net of accumulated depreciation, as well as (b) funds designated for active construction projects and retirement of capital-related debt, offset by (c) Vanderbilt's conditional asset retirement obligation.

Reinvested distributions of donor-restricted endowments at historical value are amounts related to donor-restricted endowments that are reinvested in the endowment in accordance with donor requests.

Accumulated net appreciation of reinvested distributions represents cumulative appreciation on reinvestments of donor-restricted endowments.

Institutional endowments (quasi-endowments) *at historical value* are amounts set aside by Vanderbilt to generate income in perpetuity to support operating needs.

Accumulated net appreciation of institutional endowments represents cumulative appreciation on institutional endowments.

Fair value of interest rate exchange agreements, net represents the mark-to-market valuation for such contracts. Because these agreements are intended to manage interest rate risks within the debt portfolio, segregation from other designations is maintained.

Net assets related to noncontrolling interests represents minority partners' share of the equity in two partnerships (endowment private equity and real estate partnerships) formed to acquire, hold, and manage private fund assets.

Based on the foregoing designations, unrestricted net assets as of June 30 were as follows *(in thousands)*:

	2012	2011
Designated for operations	$ 693,025	$ 531,460
Designated gifts and grants	118,023	164,683
Designated for student loans	22,480	25,851
Designated for plant facilities	714,944	685,102
Reinvested distributions of donor-restricted endowments at historical value	133,836	129,010
Accumulated net appreciation of reinvested distributions	144,321	177,185
Institutional endowments at historical value	208,716	177,826
Accumulated net appreciation of institutional endowments	840,034	847,306
Fair value of interest rate exchange agreements, net	(315,577)	(135,026)
Net assets related to noncontrolling interests	201,386	199,249
Total unrestricted net assets	**$ 2,761,188**	**$ 2,802,646**

Temporarily restricted net assets as of June 30 were composed of the following *(in thousands)*:

	2012	2011
Donor-restricted endowments at historical value	$ 26,889	$ 26,564
Accumulated net appreciation of donor-restricted endowments	1,040,036	1,102,607
Reinvested distributions of donor-restricted endowments at historical value	1,641	1,727
Accumulated net appreciation of reinvested distributions	1,767	2,178
Contributions	101,603	102,749
Interests in trusts held by others	6,826	6,991
Life income and gift annuities	12,454	19,455
Total temporarily restricted net assets	**$ 1,191,216**	**$ 1,262,271**

Such temporarily restricted net assets were designated for the following purposes as of June 30 *(in thousands)*:

	2012	2011
Student scholarships	$ 223,133	$ 301,756
Instruction	463,067	518,648
Capital improvements	16,183	11,831
Subsequent period operations and other	488,833	430,036
Total temporarily restricted net assets	**$ 1,191,216**	**$ 1,262,271**

Permanently restricted net assets as of June 30 were composed of the following *(in thousands)*:

	2012	2011
Donor-restricted endowments at historical value	$ 962,796	$ 910,750
Contributions	40,101	53,125
Interests in trusts held by others	32,431	32,370
Life income and gift annuities	31,816	29,357
Total permanently restricted net assets	**$ 1,067,144**	**$ 1,025,602**

Based on relative fair values as of June 30, 2012, approximately 21% of donor-restricted endowments support scholarships, 20% support endowed chairs, 23% support operations, and 36% were for other purposes.

13. Fair Value Measurement

Vanderbilt utilizes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three levels:

Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that are accessible at the measurement date.

Level 2 inputs are inputs other than quoted prices included in Level 1 that are either directly or indirectly observable for the assets or liabilities.

Level 3 inputs are unobservable inputs for the assets or liabilities.

The level in the fair value hierarchy within which a fair value measurement in its entirety is classified based on the lowest level input that is significant to the fair value measurement.

The classification of a financial instrument within level 3 is based on the significance of the unobservable inputs to the overall fair value measurement.

All net realized and unrealized gains and losses on level 3 investments are reflected in the consolidated statements of activities as changes in endowment appreciation or changes in appreciation of other investments. Gains and losses on investments allocable to noncontrolling interests are reported as a component of net endowment appreciation in the consolidated statements of activities. Net realized and unrealized gains and losses on interests in trusts held

by others are reported as changes in appreciation of other investments in the consolidated statements of activities.

Rollforwards of amounts for level 3 financial instruments for the fiscal years ended June 30 follow *(in thousands)*:

	June 30, 2011	Realized and unrealized gains (losses)	Purchases	Sales	Transfers into and (out) of level 3	June 30, 2012	Change in unrealized gains (losses) for investments still held at June 30, 2012
LEVEL 3 ASSETS							
Developed market equities	$ 70,225	(7,295)	7,867	(38,274)	-	32,523	(3,014)
Emerging market equities	134,448	(19,855)	-	(6,250)	-	108,343	(19,856)
Fixed income	19,706	581	6,981	(7,514)	-	19,754	(1,249)
Absolute return	612,815	(24,022)	5,773	(86,577)	-	507,989	(122,215)
Other hedge funds	182,937	8,751	-	-	-	191,688	8,751
Private equity	754,233	4,088	89,647	(102,832)	-	745,136	43,423
Venture capital	395,621	35,724	69,996	(68,035)	-	433,306	2,125
Real estate	269,553	43,565	45,694	(35,956)	-	322,856	170,196
Natural resources	255,343	11,695	37,948	(30,803)	-	274,183	(10,629)
Equity method securities and trusts	18,367	7,847	3,609	(3,424)	(8,317)	18,082	(7,032)
Other investments	23,779	(6,344)	2,793	(8,133)	214	12,309	17,325
Interests in trusts held by others	39,362	(105)	-	-	-	39,257	(105)
Total Level 3	**$ 2,776,389**	**$ 54,630**	**$ 270,308**	**$ (387,798)**	**$ (8,103)**	**$ 2,705,426**	**$ 77,720**

	June 30, 2010	Realized and unrealized gains (losses)	Purchases	Sales	Transfers into and (out) of level 3	June 30, 2011	Change in unrealized gains (losses) for investments still held at June 30, 2011
LEVEL 3 ASSETS							
Developed market equities	$ 217,019	$ 8,564	$ $ 7,208	$ (133,365)	$ (29,201)	$ 70,225	$ (24,860)
Emerging market equities	211,945	33,083	3,750	(80,797)	(33,533)	134,448	32,287
Fixed income	20,294	228	2,519	(3,335)	-	19,706	-
Absolute return	548,293	52,417	83,962	(114,226)	42,369	612,815	39,814
Other hedge funds	193,755	9,243	-	(20,061)	-	182,937	9,243
Private equity	562,285	154,906	117,747	(80,705)	-	754,233	65,502
Venture capital	253,419	96,003	91,851	(45,652)	-	395,621	83,916
Real estate	219,044	19,191	47,335	(16,017)	-	269,553	19,803
Natural resources	214,468	27,053	46,539	(32,717)	-	255,343	25,203
Equity method securities and trusts	21,368	10,692	-	(10,870)	(2,823)	18,367	-
Other investments	24,823	(874)	154	(324)	-	23,779	276
Interests in trusts held by others	36,393	2,969	-	-	-	39,362	-
Total Level 3	**$ 2,523,106**	**$ 413,475**	**$ 401,065**	**$ (538,069)**	**$ (23,188)**	**$ 2,776,389**	**$ 251,184**

The tables on the following pages present the amounts within each valuation hierarchy level for those assets and liabilities carried at fair value: cash and cash equivalents; investments; investments allocable to noncontrolling interests (in Vanderbilt-controlled real estate and other partnerships); interests in trusts held by others; and the fair value of interest rate exchange agreements, net.

As a measure of liquidity, the frequencies that investments may be redeemed or liquidated are also noted in the following tables, along with the numbers of days notice required to liquidate investments.

As of June 30, 2012, 87% of cash and cash equivalents were available on a same-day basis.

Most investments that have been classified as levels 2 and 3 consist of shares or units in investment funds as opposed to direct interests in the funds' underlying holdings. Since the net asset value reported by each fund is used as a practical expedient to estimate the fair value of Vanderbilt's interest therein, its classification within the fair value hierarchy as level 2 or level 3 is based on Vanderbilt's ability to redeem its interest at or near the financial statement date. Vanderbilt defines near-term as within 90 days of the financial statement date.

Derivative contract collateral and short-term securities are comprised primarily of amounts posted as collateral in accordance with interest rate exchange agreements and unspent bond proceeds with

trustees. Vanderbilt deems a redemption or liquidation frequency for these amounts as nonapplicable.

Equities and fixed income provide varying levels of liquidity as defined in the following tables. As of June 30, 2012, 47%, 63%, and 85% of developed market equities value, emerging market equities value, and fixed income value, respectively, were available for daily redemption requests with liquidity within 30 days.

Absolute return and other hedge funds includes daily, quarterly, and annual redemption frequencies. Notice may be provided to the fund managers to exit from the respective funds in the time periods noted.

As of June 30, 2012, 21% of absolute return investments were comprised of hedge funds in "hard lockup" periods of up to 36 months, during which redemptions or liquidations are not allowed per terms of the respective agreements with fund managers. Additionally, 5% of absolute return investments were in "soft lockup" periods of up to nine months, during which redemptions or liquidations may occur but are subject to withdrawal penalties of up to 4.5%.

The total fair values for private equity, venture capital, real estate, natural resources, and other investments were reported as illiquid as of June 30, 2012. These amounts predominantly consist of limited partnerships. Under the terms of these limited partnership agreements, Vanderbilt is obligated to remit additional funding periodically as capital calls are exercised by the general partner. These partnerships have a limited existence and the agreements may provide for annual extensions relative to the timing for disposing portfolio positions and returning capital to investors. Depending on market conditions, the ability or inability of a fund to execute its strategy, and other factors, the general partner may extend the terms or request an extension of terms of a fund beyond its originally anticipated existence or may liquidate the fund prematurely. Vanderbilt cannot anticipate such changes because they are based on unforeseen events. As a result, the timing and amount of future capital calls or distributions in any particular year are uncertain and the related market values are reported as illiquid.

The following tables summarize the fair value measurements and terms for redemptions or liquidations for those assets and liabilities carried at fair value as of June 30 *(in thousands)*:

2012

	Fair Value Measurements				Group	Redemption or Liquidation	Days
	Level 1	Level 2	Level 3	Total	%	Frequency	Notice
ASSETS REPORTED AT FAIR VALUE							
Cash and cash equivalents	$ 912,419	$ -	$ -	$ 912,419	87%	Daily	same-day
					13%	Daily	2-90 days
Derivative contract collateral and short-term securities	259,835	-	-	259,835	100%	n/a	n/a
Equity investments:							
Developed market equities	101,637	4,240	32,523	138,400	47%	Daily	2-30 days
					43%	Daily	>30 days
					3%	Annually	>30 days
					7%	n/a	n/a
Emerging market equities	271,156	-	108,343	379,499	63%	Daily	2-30 days
					22%	Monthly	>30 days
					15%	Quarterly	>30 days
Fixed income	431,466	-	19,754	451,220	51%	Daily	next-day
					34%	Daily	2-30 days
					15%	Daily	>30 days
Absolute return	82,847	87,228	507,989	678,064	5%	Daily	2-30 days
					57%	Quarterly	>30 days
					9%	Annually	>30 days
					26%	Lockup	>30 days
					3%	n/a	n/a
Other hedge funds	-	168,681	191,688	360,369	28%	Daily	>30 days
					27%	Quarterly	>30 days
					45%	Annually	>30 days
Private equity	-	-	745,136	745,136	100%	>1yr	n/a
Venture capital	-	-	433,306	433,306	100%	>1yr	n/a
Real estate	-	-	322,856	322,856	100%	>1yr	n/a
Natural resources	-	-	274,183	274,183	100%	>1yr	n/a
Equity method securities and trusts	-	-	18,082	18,082	100%	n/a	n/a
Other investments	141	-	12,309	12,450	100%	>1yr	n/a
Interests in trusts held by others	-	-	39,257	39,257	100%	n/a	n/a
Total assets reported at fair value	**$ 2,059,501**	**$ 260,149**	**$ 2,705,426**	**$ 5,025,076**			
LIABILITIES REPORTED AT FAIR VALUE							
Interest rate exchange agreements, net	**$ -**	**$ 315,577**	**$ -**	**$ 315,577**			

2011

	Fair Value Measurements				Group	Redemption or Liquidation	Days
	Level 1	Level 2	Level 3	Total	%	Frequency	Notice
ASSETS REPORTED AT FAIR VALUE							
Cash and cash equivalents	$ 1,129,804	$ -	$ -	$ 1,129,804	98%	Daily	same-day
					2%	Daily	2-90 days
Derivative contract collateral and short-term securities	95,249	-	-	95,249	100%	n/a	n/a
Equity investments:							
Developed market equities	89,052	5,790	70,225	165,067	20%	Daily	next-day
					10%	Daily	2-30 days
					38%	Daily	>30 days
					17%	Quarterly	>30 days
					3%	Annually	>30 days
					12%	n/a	n/a
Emerging market equities	308,631	30,647	134,449	473,727	58%	Daily	2-30 days
					6%	Bi-Weekly	2-30 days
					22%	Monthly	>30 days
					14%	Quarterly	>30 days
Fixed income	339,874	-	19,706	359,580	40%	Daily	next-day
					41%	Daily	2-30 days
					19%	Daily	>30 days
Absolute return	138,707	-	612,815	751,522	8%	Daily	next-day
					58%	Quarterly	>30 days
					31%	Lockup	>30 days
					3%	n/a	n/a
Other hedge funds	-	118,100	182,937	301,037	25%	Quarterly	>30 days
					44%	Annually	>30 days
					31%	Lockup	>30 days
Private equity	-	-	754,233	754,233	100%	>1yr	n/a
Venture capital	177	-	395,621	395,798	100%	>1yr	n/a
Real estate	-	-	269,553	269,553	100%	>1yr	n/a
Natural resources	-	-	255,343	255,343	100%	>1yr	n/a
Equity method securities and trusts	-	-	18,367	18,367	100%	n/a	n/a
Other investments	177	-	23,778	23,955	1%	Daily	>30 days
					99%	n/a	n/a
Interests in trusts held by others	-	-	39,362	39,362	100%	n/a	n/a
Total assets reported at fair value	**$ 2,101,671**	**$ 154,537**	**$ 2,776,389**	**$ 5,032,597**			
LIABILITIES REPORTED AT FAIR VALUE							
Interest rate exchange agreements, net	**$ -**	**$ 135,026**	**$ -**	**$ 135,026**			

14. Natural Classification of Expenses and Allocations

For the fiscal years ended June 30, operating expenses incurred were as follows *(in thousands)*:

	2012	2011
Salaries, wages, and benefits	$ 2,195,716	$ 2,056,804
Services	188,488	188,372
General expenses and supplies	726,116	692,735
Depreciation and amortization	172,718	173,195
Interest	67,977	74,794
Utilities, operating leases, and other	156,385	154,981
Total operating expenses	**$ 3,507,400**	**$ 3,340,881**

Certain allocations of institutional and other support costs were made to Vanderbilt's primary programs. Based on the functional uses of space on its campus, Vanderbilt allocated depreciation and interest on indebtedness to the functional operating expense categories as shown below *(in thousands)*:

2012

	Depreciation	Interest
Instruction	$ 19,295	$ 3,359
Research	27,080	6,276
Health care services	78,548	42,731
Public service	816	100
Academic support	8,241	1,210
Student services	1,207	428
Institutional support	15,117	1,781
Room, board, and other auxiliary services	22,414	12,092
Total	**$ 172,718**	**$ 67,977**

2011

	Depreciation	Interest
Instruction	$ 19,056	$ 5,233
Research	25,067	7,319
Health care services	79,167	41,496
Public service	1,101	300
Academic support	9,410	2,314
Student services	1,404	593
Institutional support	15,174	2,705
Room, board, and other auxiliary services	22,816	14,834
Total	**$ 173,195**	**$ 74,794**

15. Retirement Plans

Vanderbilt's full-time faculty and staff members participate in defined contribution retirement plans administered by third-party investment and insurance firms. For eligible employees with one year of continuous service, these plans require employee and matching employer contributions. Such contributions immediately fully vest with the employee.

Vanderbilt's obligations under these plans are fully funded by monthly transfers to the respective retirement plan administrators with the corresponding expenses recognized in the year incurred. Vanderbilt's retirement plan contributions for fiscal 2012 and 2011 were $59.8 million and $56.2 million, respectively.

16. Student Financial Aid

Vanderbilt provides financial aid to students based upon need and merit. This financial assistance is funded by institutional resources, contributions, endowment distributions, and externally sponsored programs.

In fiscal 2012 and 2011, financial aid for tuition and educational fees of $199.3 million and $193.5 million was applied to gross tuition and educational fees of $449.4 million and $437.4 million, respectively. In fiscal 2012 and 2011, financial aid for room and board of $28.8 million and $27.2 million was applied to gross room and board of $70.1 million and $67.1 million, respectively.

Loans to students from Vanderbilt funds are carried at cost, which, based on secondary market information, approximates the fair value of educational loans with similar interest rates and payment terms. Loans to qualified students historically have been funded principally with government advances to Vanderbilt under the Perkins, Nursing, and Health Professions Student Loan Programs. Loans receivable from students under governmental loan programs, also carried at cost, can only be assigned to the federal government or its designees. Student loan receivables are reported net of allowances for estimated uncollectible accounts of $4.5 million as of June 30, 2012 and 2011.

17. Charity Care Assistance and Community Benefits

Consistent with Vanderbilt's mission, the university's medical center (including hospitals, clinics, and physician practice units) maintains a policy which sets forth the criteria pursuant to those health care services that are provided without expectation of payment, or, at a reduced payment rate to patients who have minimal financial resources to pay for their medical care. These services represent charity care and are not reported as revenue.

The medical center maintains records to identify and monitor the level of charity care it provides, and these records include the amount of gross charges and patient deductibles, co-insurance and co-payments forgone for services furnished under its charity care policy, and the estimated cost of those services. Charity care assistance is offered on a tiered grid, which is based on federal poverty guidelines. In addition to charity care assistance, all uninsured patients are eligible for a discount from billed charges for medically necessary services that is mandated under state of Tennessee law. For those patients with a major catastrophic medical event that does not qualify for full charity assistance, additional discounts are given based on the income level of the patient household using a sliding scale.

The cost of charity care provided by the medical center was $120.1 million and $104.2 million in fiscal 2012 and 2011, respectively. Of the total uncompensated care provided by the medical center (comprising charity care and bad debt reflected as deductions from gross revenue), 78% and 75% of the total in fiscal 2012 and 2011, respectively, was charity care. Charity care services represent 5.7% and 5.4%, respectively, of total patient services at the medical center in fiscal 2012 and 2011.

In addition to the charity care services described above, the medical center provides a number of other services to benefit the economically disadvantaged for which little or no payment is received. TennCare/Medicaid and state indigent programs do not cover the full cost of providing care to beneficiaries of those programs. As a result, in addition to direct charity care costs, the medical center provided services related to TennCare/Medicaid and state indigent programs substantially below the cost of rendering such services.

The medical center also provides public health education and training for new health professionals and provides, without charge, services to the community at large, together with support groups for many patients with special needs.

18. Related Parties

Intermittently, members of Vanderbilt's Board of Trust or Vanderbilt employees may be directly or indirectly associated with companies engaged in business activities with the university. Accordingly, Vanderbilt has a written conflict of interest policy that requires, among other things, that members of the university community (including trustees) may not review, approve, or administratively control contracts or business relationships when (a) the contract or business relationship is between Vanderbilt and a business in which the individual or a family member has a material financial interest or (b) the individual or a family member is an employee of the business and is directly involved with activities pertaining to Vanderbilt.

Furthermore, Vanderbilt's conflict of interest policy extends beyond the foregoing business activities in that disclosure is required for any situation in which an applicable individual's financial, professional, or other personal activities may directly or indirectly affect, or have the appearance of affecting, an individual's professional judgment in exercising any university duty or responsibility, including the conduct or reporting of research.

The policy extends to all members of the university community (including trustees, university officials, and faculty and staff and their immediate family members). Each applicable person is required to certify compliance with the conflict of interest policy on an annual basis. This certification includes specifically disclosing whether Vanderbilt conducts business with an entity in which he or she (or an immediate family member) has a material financial interest as well as any other situation that potentially could be perceived to conflict with Vanderbilt's best interests.

When situations exist relative to the conflict of interest policy, active measures are taken to appropriately manage the actual or perceived conflict in the best interests of the university, including periodic reporting of the measures taken to the Board of Trust Audit Committee.

19. Lease Obligations

Vanderbilt leases certain equipment and real property. These leases are classified primarily as operating leases and have lease terms of up to 15 years. Total operating lease expense in fiscal 2012 and 2011 was $56.1 million and $51.8 million, respectively.

As of June 30, 2012, future committed minimum rentals by fiscal year on significant noncancelable operating leases with initial or remaining lease terms in excess of one year were as follows *(in thousands)*:

2013	$	43,681
2014		31,723
2015		28,539
2016		20,994
2017		16,227
Thereafter		32,803
Total future minimum rentals	**$**	**173,967**

Vanderbilt leases over 50% of the space in the approximately 850,000-square-foot One Hundred Oaks facility, located within five miles of the main campus, primarily for medical clinic and office uses. This operating lease commenced in fiscal 2008 with an initial lease term of 12 years. Minimum aggregate rental payments of $40.5 million related to this space are included in the preceding table.

20. Commitments and Contingencies

(A) *Construction.* As of June 30, 2012, approximately $145.1 million was contractually committed for projects under construction and equipment purchases. The largest components of these commitments were for the second phase of Vanderbilt's residential colleges program, College Halls at Kissam ($93.6 million); floor build-outs in the Critical Care Tower of the adult hospital ($19.8 million); and renovations to Alumni Hall ($11.1 million).

(B) *Litigation.* Vanderbilt is a defendant in several legal actions. Vanderbilt believes that the outcome of these actions will not have a significant effect on Vanderbilt's consolidated financial position.

(C) *Regulations.* Vanderbilt's compliance with regulations and laws is subject to future government reviews and interpretations, as well as regulatory actions unknown or unasserted at this time. Vanderbilt believes that the liability, if any, from such reviews will not have a significant effect on Vanderbilt's consolidated financial position.

(D) *Medical Malpractice Liability Insurance.* Vanderbilt is self-insured for the first level of medical malpractice claims. The current self-insured retention is $5.5 million per occurrence, not to exceed an annual aggregate of $43.0 million. For this self-insured retention, investments have been segregated. The funding for these segregated assets is based upon studies performed by an independent actuarial firm. Excess malpractice and professional liability coverage has been obtained from commercial insurance carriers on a claims-made basis for claims above the retained self-insurance risk levels.

(E) *Employee Health and Workers Compensation Insurance.* Vanderbilt is self-insured for employee health insurance and workers compensation coverage. Vanderbilt's estimated liabilities are based upon studies conducted by independent actuarial firms.

(F) *Federal and State Contracts and Other Requirements.* Expenditures related to federal and state grants and contracts are subject to adjustment based upon review by the granting agencies. The amounts, if any, of expenditures that may be disallowed by the granting agencies and the resultant impact on government grants and contract revenue as well as facilities and administrative cost recovery cannot be determined at this time, although management expects they will not have a significant effect on Vanderbilt's consolidated financial position.

(G) *Health Care Services.* Revenue from health care services includes amounts paid under reimbursement agreements with certain third-party payers and is subject to examination and retroactive adjustments. Any differences between estimated year-end settlements and actual final settlements are reported in the year final settlements are known. Substantially all final settlements have been determined through the year ended June 30, 2007. Cahaba Government Benefit Administrators (Cahaba GBA), Vanderbilt's Medicare Administrative Contractor, has been unable to complete final settlements for more recent years due to data issues at the Centers for Medicare and Medicaid Services (CMS) and other factors such as Cahaba GBA audit backlogs. Final settlements relative to periods through June 30, 2010, are expected to be complete during fiscal 2013.

(H) *HIPAA Compliance.* Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the federal government has authority to complete fraud and abuse investigations. HIPAA has established substantial fines and penalties for offenders. Vanderbilt continues to refine policies, procedures, and organizational structures to enforce and monitor compliance with HIPAA, as well as other government statutes and regulations.

(I) *Partnership Investment Commitments.* There were $632.8 million of commitments to venture capital, real estate, and private equity investments as of June 30, 2012. These funds may be drawn down over the next several years upon request by the general partners. Vanderbilt expects to finance these commitments with available cash and expected proceeds from the sales of securities. In addition, Vanderbilt is a secondary guarantor for $33.5 million of commitments for certain investment vehicles where minority limited partners in subsidiaries that Vanderbilt controls have the primary obligations.

(J) *McKendree Village, Inc. Debt Guaranty.* In July 1998, Vanderbilt and McKendree Village, Inc. (McKendree), a not-for-profit retirement community, entered into an affiliation agreement, including a guarantee of certain McKendree debt by the university, largely secured by asset liens on McKendree property. The assets of McKendree have been sold to a third party and as of June 30, 2012, the aforementioned McKendree debt has been fully retired. Expectations are that the university's affiliation with McKendree will cease during fiscal 2013.

Attachment C. Contribution to the Orderly Development of Healthcare.1

Vanderbilt University
Medical Center Contracts

Vanderbilt University Medical Center Contracts

Number	Title
VUMC35429-R	GME (Graduate Medical Education) Information
VUMC36386-R	CARR, DEVIN/CLAIBORNE COUNTY HOSPITAL/LETTER OF AGREEMENT
VUMC32362-R	BELLAR, MARC/rl Solutions Risk Monitor Pro Software
VUMC32569-R	FMC-PADUCAH, KENTUCKY
VUMC31293-R	STEABAN, ROBIN/CEDARON MEDICAL INC./
VUMC32407-R	BELLER, MARC/SCC SOFT COMPUTER
VUMC32143-R	MODEL: VANDERBILT KENNEDY CENTER BEHAVIOR ANALYSIS CLINIC - EMERGENT AGREEMENT
VUMC31636-R	NURSES FOR NEWBORNS: BUSINESS ASSOCIATE AGREEMENT (BAA)
VUMC33230-R	VUMC / PRC SURVEY SERVICES AGREEMENT
VUMC7257	VANDERBILT IMAGING SERVICES, LLC. DBA HILLSBORO IMAGING
VUMC1909	FRANGOUL, HAYDAR/NATIONAL MARROW DONOR PROGRAM (NMDP)/COLLECTION CENTER PARTICIPATION AGREEMENT (CCPA)
VUMC4952	TN/F&A: BUREAU OF TENNCARE - PERINATAL NEWBORN & OB/GYN GR-06-16956
VUMC5466	CUMBERLAND PEDIATRIC FOUNDATION: LEASED EMPLOYEE SERVICES
VUMC8274	INTERFAITH CLINIC: RESIDENT DENTAL SERVICES
VUMC8648	VSRH: AGREEMENT FOR AUTOPSY SERVICES
VUMC8652	VSRH: ANCILLARY SERVICES AGREEMENT FOR RADIOLOGY AND RADIOLOGICAL SERVICES
VUMC9475	VA AFFILIATION MASTER FILE
VUMC9932	VA: RADIOLOGIST
VUMC33973-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS : EDUCATION NETWORKS OF AMERICA
VUMC32512-R	NRA MANCHESTER, TENNESSEE, DBA MANCHESTER DIALYSIS CLINIC, LLC
VUMC32144-R	MODEL: VANDERBILT KENNEDY CENTER BEHAVIOR ANALYSIS SERVICE AGREEMENT
VUMC31844-R	QSOURCE PROVIDER # 440039 (MOU)
VUMC36508-R	PROFESSIONAL SERVICES:TENNESSEE WOMEN'S CARE
VUMC36823-R	VANDERBILT ORTHOPAEDIC INSTITUTE /THE CHANGE
VUMC38051-R	MODEL: CONSULTING PROFESSIONAL SERVICE AGREEMENT
VUMC39865-R	MASTER: IRBshare Master Agreement (IMA)
VUMC41146-R	VanDyke, Stephanie/Lipscomb University
VUMC41591-R	Fraine, Lisa/PEDIG
VUMC10372	UNIVERSITY OF SAINT AUGUSTINE: PT
VUMC10440	Southcentral Kentucky Community & Technical College: RESPIRATORY CARE
VUMC7349	BAPTIST MEMORIAL HOSPITAL - LAUDERDALE: PEDS PATIENT TRANSFER
VUMC7355	PATIENTS CHOICE MEDICAL CENTER OF ERIN: PEDS PATIENT TRANSFER
VUMC7353	BAPTIST HICKMAN COMMUNITY HOSPITAL: PEDS PATIENT TRANSFER
VUMC7435	STONES RIVER HOSPITAL: PEDS PATIENT TRANSFER
VUMC7615	HORIZON MEDICAL CENTER: PEDS PATIENT TRANSFER
VUMC7408	JACKSON MADISON COUNTY GENERAL HOSPITAL: PEDS PATIENT TRANSFER
VUMC7412	GIBSON GENERAL HOSPITAL: PEDS PATIENT TRANSFER
VUMC7347	BAPTIST MEMORIAL HOSPITAL - HUNTINGDON: PEDS PATIENT TRANSFER
VUMC7357	THREE RIVERS HOSPITAL: PEDS PATIENT TRANSFER
VUMC7514	HTI MEMORIAL HOSPITAL, INC D/B/A NASHVILLE MEMORIAL HOSPITAL: PEDS PATIENT TRANSFER
VUMC7343	CAMDEN GENERAL HOSPITAL: PEDS PATIENT TRANSFER
VUMC7332	GATEWAY HEALTH SYSTEMS: PEDS PATIENT TRANSFER
VUMC7348	BAPTIST MEMORIAL HOSPITAL - UNION CITY: PEDS PATIENT TRANSFER
VUMC7352	HENRY COUNTY MEDICAL CENTER: PEDS PATIENT TRANSFER
VUMC7409	HUMBOLT GENERAL HOSPITAL: PEDS PATIENT TRANSFER
VUMC7411	BOLIVAR GENERAL HOSPITAL: PEDS PATIENT TRANSFER
VUMC7419	BAPTIST DEKALB HOSPITAL: PEDS PATIENT TRANSFER
VUMC7439	LIVINGSTON REGIONAL HOSPITAL: PEDS PATIENT TRANSFER
VUMC7440	WAYNE MEDICAL CENTER: PEDS PATIENT TRANSFER
VUMC7457	SMYRNA MEDICAL CENTER: PEDS PATIENT TRANSFER
VUMC7496	T.C. THOMPSON CHILDREN'S HOSPITAL: PEDS PATIENT TRANSFER
VUMC7715	ST. THOMAS HOSPITAL: PEDS PATIENT TRANSFER
VUMC7407	MARSHALL MEDICAL CENTER: PEDS PATIENT TRANSFER
VUMC7351	SMITH COUNTY MEMORIAL HOSPITAL: PEDS PATIENT TRANSFER
VUMC7456	SOUTHERN HILLS MEDICAL CENTER: PEDS PATIENT TRANSFER
VUMC7554	TROUSDALE MEDICAL CENTER: PEDS PATIENT TRANSFER
VUMC7563	MAURY REGIONAL HOSPITAL: PEDS PATIENT TRANSFER
VUMC8486	HENDERSON COUNTY COMMUNITY HOSPITAL: PEDS PATIENT TRANSFER
VUMC7591	HARTON REGIONAL MEDICAL CENTER: PEDS PATIENT TRANSFER
VUMC9349	ST. MARY'S MEDICAL CENTER: PEDS PATIENT TRANSFER
VUMC7441	COFFEE MEDICAL CENTER: PEDS PATIENT TRANSFER
VUMC7410	MILAN GENERAL HOSPITAL: PEDS PATIENT TRANSFER
VUMC5056	BAPTIST HOSPITAL: PATIENT TRANSFER (TRANSPLANT) NEONATES & PEDS
VUMC7272	BEDFORD COUNTY MEDICAL CENTER: PEDS PATIENT TRANSFER
VUMC7345	MACON COUNTY GENERAL HOSPITAL: PEDS PATIENT TRANSFER
VUMC7346	BAPTIST MEMORIAL HOSPITAL - TIPTON: PEDS PATIENT TRANSFER
VUMC7350	HARDIN COUNTY HOSPITAL: PEDS PATIENT TRANSFER
VUMC7354	CROCKETT HOSPITAL: PEDS PATIENT TRANSFER
VUMC7356	HILLSIDE HOSPITAL: PEDS PATIENT TRANSFER
VUMC7358	COOKEVILLE REGIONAL MEDICAL CENTER: PEDS PATIENT TRANSFER
VUMC7373	EAST TENNESSEE CHILDREN'S HOSPITAL: PEDS PATIENT TRANSFER
VUMC7389	MCNAIRY REGIONAL HOSPITAL: PEDS PATIENT TRANSFER
VUMC7405	TENNESSEE CHRISTIAN MEDICAL CENTER: PEDS PATIENT TRANSFER
VUMC7437	NORTHCREST MEDICAL CENTER: PEDS PATIENT TRANSFER
VUMC7438	CUMBERLAND RIVER HOSPITAL: PEDS PATIENT TRANSFER
VUMC7458	LINCOLN REGIONAL HOSPITAL: PEDS PATIENT TRANSFER
VUMC7459	UNIVERSITY MEDICAL CENTER - LEBANON: PEDS PATIENT TRANSFER
VUMC7479	HENDERSONVILLE HOSPITAL: PEDS PATIENT TRANSFER
VUMC7480	DECATUR COUNTY HOSPITAL: PEDS PATIENT TRANSFER
VUMC7481	SUMNER REGIONAL HEALTH SYSTEMS: PEDS PATIENT TRANSFER
VUMC7497	CENTENNIAL MEDICAL CENTER: PEDS PATIENT TRANSFER

VUMC7515	MODEL: PEDIATRIC PATIENT TRANSFER (Inbound Only)
VUMC7556	BAPTIST HOSPITAL: PEDS PATIENT TRANSFER
VUMC7561	CARTHAGE GENERAL HOSPITAL: PEDS PATIENT TRANSFER
VUMC7597	SUMMIT MEDICAL CENTER: PEDS PATIENT TRANSFER
VUMC7632	CUMBERLAND MEDICAL CENTER: PEDS PATIENT TRANSFER
VUMC7716	MEDICAL CENTER OF MANCHESTER: PEDS PATIENT TRANSFER
VUMC8419	VOLUNTEER COMMUNITY HOSPITAL: PEDS PATIENT TRANSFER
VUMC8867	METHODIST HEALTHCARE LEBONHEUR CHILDREN'S MEDICAL CENTER: PEDS PATIENT TRANSFER
VUMC9529	RIVER PARK HOSPITAL: PEDS PATIENT TRANSFER
VUMC10067	STONECREST MEDICAL CENTER: PEDIATRIC PATIENT TRANSFER
VUMC10068	DYERSBURG REGIONAL MEDICAL CENTER: PEDIATRIC PATIENT TRANSFER
VUMC10137	TN/H: VCH/BIOTERRORISM PREPAREDNESS
VUMC35719-R	U.S. AIR AMBULANCE: PEDS PATIENT TRANSFER
VUMC37098-R	MUSSELMAN, JOE / SARAH CANNON CANCER CENTER
VUMC41360-R	Schlafly, Stacey/Westat
VUMC41459-R	Williamson Imaging Services: PATIENT TRANSFER AGREEMENT
VUMC33640-R	NOVA SOUTHEASTERN UNIVERSITY PT
VUMC32971-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: NORTHCREST MEDICAL CENTER
VUMC31656-R	UNIVERSITY OF PENNSYLVANIA: ORAL AND MAXILLOFACIAL SURGERY INTERNSHIP AGREEMENT
VUMC33242-R	LEARNING CENTER: BETHEL UNIVERSITY NURSING STUDENT TRAINING AGREEMENT
VUMC32533-R	UNIVERSITY OF NORTH DAKOTA: PT
VUMC32300-R	TUITION PAYMENT & EMPLOYMENT REPAYMENT AGREEMENT: Curry Neelley
VUMC33979-R	CHILD LIFE: LIPSCOMB UNIVERSITY TRAINING
VUMC9469	AUSTIN PEAY STATE UNIVERSITY: DIAGNOSTIC MEDICAL SONOGRAPHY
VUMC3258	UNIVERSITY OF CENTRAL ARKANSAS: PT
VUMC32679-R	METRO PUBLIC HEALTH DEPARTMENT: OUTGOING RESIDENT/FELLOW ROTATION (Infectious Diseases)
VUMC33544-R	NASHVILLE GENERAL HOSPITAL (NGHM) @ MEHARRY: MASTER AFFILIATION AGREEMENT
VUMC32714-R	LEARNING CENTER: BELMONT UNIVERSITY
VUMC32050-R	WALSH UNIVERSITY: PT
VUMC31729-R	TN/HS: DIVISION OF REHABILITATION SERVICES - CAREER TRAINING & EMPLOYMENT PROGRAM (GR-06-17179-00)
VUMC33860-R	ROCKHURST UNIVERSITY: OT
VUMC32028-R	UNIVERSITY OF SOUTH ALABAMA: PT
VUMC32004-R	VCH: COMPREHENSIVE REGIONAL PEDIATRIC CENTER NETWORK PEDIATRIC EDUCATIONAL MASTER AGREEMENT
VUMC34348-R	TUITION PAYMENT & EMPLOYMENT REPAYMENT AGREEMENT: BARCUS, KRYSTAL
VUMC32298-R	TUITION PAYMENT & EMPLOYMENT REPAYMENT AGREEMENT: Mary Beth Lee
VUMC32974-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: CROCKETT HOSPITAL
VUMC34272-R	LEARNING CENTER: TENNESSEE WESLEYAN COLLEGE-FORT SANDERS NURSING DEPARTMENT (TWC-FSN) OBSERVATIONAL AGREEMENT
VUMC32565-R	TREVECCA NAZARENE UNIVERSITY: SOCIAL & BEHAVIORAL SCIENCE
VUMC3291	UNIVERSITY OF WISCONSIN - MADISON: PT
VUMC4487	MEDICAL UNIVERSITY OF SOUTH CAROLINA: OT
VUMC34469-R	UNIVERSITY OF ALABAMA AT BIRMINGHAM: RESPIRATORY THERAPY
VUMC33709-R	NASHVILLE GENERAL HOSPITAL (NGHM) @ MEHARRY: AFFILIATION ADDENDUM (OPHTHALMOLOGY RESIDENTS)
VUMC34354-R	LEARNING CENTER: TENNESSEE BOARD OF REGENTS
VUMC34320-R	TUITION PAYMENT & EMPLOYMENT REPAYMENT AGREEMENT: MAXWELL, LEANN
VUMC31845-R	NORTHCREST MEDICAL CENTER: NICU
VUMC33280-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: SUMNER REGIONAL MEDICAL CENTER
VUMC33959-R	CENTER FOR REPRODUCTIVE HEALTH: DIAGNOSTIC MEDICAL SONOGRAPHY
VUMC33265-R	ENSWORTH SCHOOL: OBSERVATION AGREEMENT
VUMC33023-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: MACON COUNTY GENERAL HOSPITAL
VUMC1686	MISSISSIPPI STATE: MED TECH
VUMC33120-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: HILLSIDE HOSPITAL
VUMC33204-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: REGIONAL HOSPITAL OF JACKSON
VUMC8428	LEARNING CENTER: MOTLOW STATE COMMUNITY COLLEGE
VUMC33154-R	SPALDING UNIVERSITY: OT
VUMC34324-R	TUITION PAYMENT & EMPLOYMENT REPAYMENT AGREEMENT: WAHLIN, LEAH
VUMC32027-R	UNIVERSITY OF ST. AUGUSTINE: OT
VUMC34339-R	TUITION PAYMENT & EMPLOYMENT REPAYMENT AGREEMENT: NIKI GULDIN
VUMC31942-R	QUINNIPIAC UNIVERSITY: PT
VUMC34502-R	UNIVERSITY OF FLORIDA: OT
VUMC33025-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: SKYLINE MEDICAL CENTER
VUMC9252	TEXAS WOMAN'S UNIVERSITY: PT
VUMC275	CARSON NEWMAN COLLEGE: MED TECH
VUMC277	RIVERVIEW REGIONAL MEDICAL CENTER: LABOR & DELIVERY
VUMC1970	LEARNING CENTER: UNIVERSITY OF TENNESSEE-KNOXVILLE
VUMC1209	MARQUETTE UNIVERSITY: PT
VUMC33049-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: MIDDLE TENNESSEE MEDICAL CENTER
VUMC32876-R	COOL SPRINGS SURGERY CENTER: OUTGOING RESIDENT/FELLOW AFFILIATION (Multiple Specialties)
VUMC33129-R	LOUISIANA STATE UNIVERSITY: OT
VUMC5846	UNIVERSITY OF MISSISSIPPI MED CTR: PT
VUMC6336	OLD DOMINION UNIVERSITY: PT
VUMC32973-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: LINCOLN COUNTY HEALTH SYSTEM
VUMC34281-R	TEMPLE UNIVERSITY - HEALTH INFORMATION MANAGEMENT INTERNSHIP
VUMC3208	UNION UNIVERSITY: MEDICAL LABORATORY SCIENCE
VUMC32846-R	LEARNING CENTER: UNIVERSITY OF SOUTH ALABAMA COLLEGE OF NURSING
VUMC33628-R	UT-MEMPHIS COLLEGE OF PHARMACY: FLAT FEE PHARMACY INTERNSHIP AGREEMENT
VUMC9200	AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS
VUMC34153-R	COLLEGE OF SAINT MARY: OT
VUMC5432	MIAMI UNIVERSITY (OXFORD, OH): MED TECH
VUMC33203-R	TUITION PAYMENT & EMPLOYMENT REPAYMENT AGREEMENT: WINDSON, DEBRA
VUMC10152	UNIVERSITY OF TENNESSEE-MEMPHIS, COLLEGE OF DENTISTRY: ORAL & MAXILLOFACIAL SURGERY (# 98083)
VUMC33021-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: LIVINGSTON REGIONAL HOSPITAL
VUMC2925	TENNESSEE STATE UNIVERSITY: RESPIRATORY THERAPY
VUMC33128-R	LOUISIANA STATE UNIVERSITY: PT

VUMC1006	HILLSIDE HOSPITAL: LABOR & DELIVERY
VUMC32943-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: WAYNE MEDICAL CENTER
VUMC1952	LEARNING CENTER: MIDDLE TENNESSEE STATE UNIVERSITY (INTERNSHIP)
VUMC33047-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: SETON CORP d/b/a BAPTIST HOSPITAL
VUMC32969-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: CUMBERLAND RIVER HOSPITAL
VUMC5260	BELMONT UNIVERSITY: PT
VUMC10316	COOKEVILLE REGIONAL MEDICAL CENTER: NICU
VUMC627	UNIVERSITY OF THE CUMBERLANDS: MEDICAL LABORATORY SCIENCE
VUMC9209	VA: DIAGNOSTIC MEDICAL SONOGRAPHY
VUMC8026	NORTHERN ARIZONA UNIVERSITY: PT
VUMC616	UNIVERSITY OF TENNESSEE: SOCIAL WORK
VUMC32829-R	SAINT LOUIS UNIVERSITY: PT
VUMC6128	NURSE ASSISTANT TRAINING SPECIALISTS (NATS)
VUMC7327	UNIVERSITY OF MISSISSIPPI: PHARMACY INTERNSHIP
VUMC1965	LEARNING CENTER: UNIVERSITY OF ALABAMA/HUNTSVILLE
VUMC2847	SUMNER REGIONAL MEDICAL CENTER: LABOR & DELIVERY
VUMC6960	MILLIGAN COLLEGE: OT
VUMC1140	KING COLLEGE: MEDICAL LABORATORY SCIENCE
VUMC479	GATEWAY MEDICAL CENTER: NICU
VUMC34519-R	WASHINGTON UNIVERSITY: OT
VUMC1933	LEARNING CENTER: CUMBERLAND UNIVERSITY (INTERNSHIP)
VUMC1893	NASHVILLE STATE COMMUNITY COLLEGE: OT (2 FILES)
VUMC7569	LEARNING CENTER: EMORY UNIVERSITY - ENTEROSTOMAL THERAPY
VUMC32026-R	TEXAS WOMEN'S UNIVERSITY: OT
VUMC4979	UNIVERSITY OF SOUTHERN INDIANA: OT
VUMC33103-R	MT. STATES HEALTH ALLIANCE d/b/a JOHNSON CITY MEDICAL CTR: OUTSIDE NURSE PICC TRAINING
VUMC32295-R	UNIVERSITY OF FINDLAY: OT
VUMC34518-R	WASHINGTON UNIVERSITY: PT
VUMC32970-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: PATIENTS' CHOICE MEDICAL CENTER OF ERIN
VUMC129	AUSTIN PEAY STATE UNIVERSITY: NUCLEAR MEDICINE
VUMC196	BELMONT UNIVERSITY: MED TECH
VUMC197	BELMONT UNIVERSITY: NUCLEAR MEDICINE
VUMC509	COLUMBIA STATE: RESPIRATORY THERAPY
VUMC602	LEARNING CENTER: AUSTIN PEAY
VUMC610	LEARNING CENTER: MURRAY STATE UNIVERSITY
VUMC615	CHILD LIFE: UNIVERSITY OF ALABAMA
VUMC617	LEARNING CENTER: WESTERN KENTUCKY UNIVERSITY
VUMC638	LIPSCOMB UNIVERSITY: MEDICAL LABORATORY SCIENCE
VUMC732	EASTERN KENTUCKY UNIVERSITY: OT
VUMC975	HENRY COUNTY MEDICAL CENTER : NICU NURSE TRAINING
VUMC1115	NORTHCREST MEDICAL CENTER: LABOR & DELIVERY
VUMC1117	HARTON REGIONAL MEDICAL CENTER: NICU NURSES
VUMC1164	LEE UNIVERSITY: MED TECH
VUMC1540	MEDICAL UNIVERSITY OF SOUTH CAROLINA: PT
VUMC1673	MIDDLE TENNESSEE SCHOOL OF ANESTHESIA (RN TRAINING)
VUMC1676	MIDDLE TENNESSEE STATE UNIVERSITY: MED TECH
VUMC1745	MODEL: CLINICAL INTERNSHIP - MED TECH
VUMC1752	MODEL: NICU NURSE TRAINING: INTERNSHIP
VUMC1896	NASHVILLE STATE COMMUNITY COLLEGE: SURGICAL TECH
VUMC1920	NCE: AMERICAN JOURNAL OF NURSING: SUBSTANCE ABUSE VIDEO
VUMC1922	LEARNING CENTER: AQUINAS COLLEGE NURSING PROGRAM (ASSOCIATES DEGREE PROGRAM)
VUMC1930	LEARNING CENTER: COLUMBIA STATE COMMUNITY COLLEGE
VUMC1957	LEARNING CENTER: TENNESSEE STATE UNIVERSITY: NURSING
VUMC2303	NORTHWESTERN UNIVERSITY - MED SCHOOL: PT
VUMC2922	TENNESSEE STATE UNIVERSITY: OT
VUMC2926	TENNESSEE TECHNOLOGY UNIVERSITY: MEDICAL LABORATORY SCIENCE
VUMC3149	TREVECCA NAZARENE UNIVERSITY: MED TECH
VUMC3164	TUSCULUM COLLEGE: MEDICAL LABORATORY SCIENCE
VUMC3254	UNIVERSITY OF ALABAMA BIRMINGHAM: OT
VUMC3260	UNIVERSITY OF EVANSVILLE: PT
VUMC3282	UNIVERSITY OF TENNESSEE - MEMPHIS: PT
VUMC3285	UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER-COLLEGE OF ALLIED HEALTH SCIENCES - MEMPHIS: OT
VUMC3352	VA: CARDIOVASCULAR PERFUSION/ALLIED HEALTH
VUMC3523	VA: NUCLEAR MEDICINE TECHNOLOGY
VUMC3722	VOLUNTEER STATE COMMUNITY COLLEGE: ALLIED HEALTH (STANDARD)
VUMC4453	WESTERN KENTUCKY UNIV: MEDICAL LABORATORY SCIENCE
VUMC4901	EAST TENNESSEE STATE UNIVERSITY: PT
VUMC5525	BELMONT UNIVERSITY: OT
VUMC5539	NORTHEASTERN UNIVERSITY: PT
VUMC5596	CHILD LIFE: AUBURN UNIVERSITY
VUMC6117	TENNESSEE STATE UNIVERSITY: HEALTH CARE ADMINISTRATIVE TRAINING
VUMC6272	MODEL: VHCS REHAB THERAPY
VUMC6335	ARMY RESERVE-NATIONAL AMEDD AUGMENTATION DETACHMENT
VUMC6462	LEARNING CENTER: TENNESSEE TECHNOLOGICAL UNIVERSITY
VUMC6727	DREXEL UNIVERSITY PT
VUMC6914	GEORGIA NORTHWESTERN TECHNICAL COLLEGE: OT
VUMC6997	MODEL: RESIDENT/FELLOW TRAINING AGREEMENT (OUTGOING)
VUMC7071	UNIVERSITY OF TENNESSEE - MEMPHIS: CYTOTECHNOLOGY/HISTOLOGY
VUMC7294	SAMFORD UNIVERSITY: PHARMACY INTERNSHIP
VUMC7370	WESTERN MICHIGAN UNIVERSITY: OT
VUMC7470	UNIVERSITY OF KENTUCKY: PT
VUMC7857	U.S. ARMY FORT BRAGG
VUMC7959	101ST AIRBORNE DIVISION (AIR ASSAULT) DEPARTMENT OF THE ARMY, FORT CAMPBELL: TRAINING AGREEMENT

VUMC7975	LEARNING CENTER: AUBURN UNIVERSITY AT MONTGOMERY
VUMC8612	CLINICAL PASTORAL EDUCATION PROGRAM: COLLABORATIVE EFFORT AMONG NASHVILLE HOSPITALS
VUMC8801	MODEL: RESIDENT/FELLOW TRAINING AGREEMENT (INCOMING)
VUMC9147	EAST TENNESSEE STATE UNIVERSITY: RESIDENT AFFILIATION
VUMC34162-R	DUKE UNIVERSITY: PT
VUMC32828-R	SAINT LOUIS UNIVERSITY: OT
VUMC32431-R	OPTION CARE: OUTSIDE NURSE PICC TRAINING
VUMC31606-R	UNIVERSITY OF LOUISVILLE: ORAL SURGERY INTERNSHIP
VUMC9506	LEARNING CENTER: UNIVERSITY OF NORTH ALABAMA
VUMC33091-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: MAURY REGIONAL HOSPITAL
VUMC33066-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: GIBSON GENERAL HOSPITAL
VUMC9361	DAEMEN COLLEGE: PT
VUMC9656	LEARNING CENTER: COLUMBIA STATE COMMUNITY COLLEGE (EMTS & PARAMEDICS INTERNSHIP)
VUMC9699	TENNESSEE STATE UNIVERSITY - HEALTH INFORMATION MANAGEMENT PROGRAM
VUMC10190	LEARNING CENTER: BETHEL COLLEGE PHYSICIAN ASSISTANT CLINICAL TRAINING AGREEMENT
VUMC10338	TUFTS UNIVERSITY: ORAL AND MAXILLOFACIAL SURGERY
VUMC10577	101ST AIRBORNE DIVISION (AIR ASSAULT) DEPARTMENT OF THE ARMY, FORT CAMPBELL (BLANCHFIELD HOSPITAL): NICU TRAINING AGREEMENT
VUMC10635	SUMNER REGIONAL MEDICAL CENTER: OUTGOING RESIDENT/FELLOW AFFILIATION (Emergency Medicine)
VUMC10725	SUMNER REGIONAL MEDICAL CENTER: OUTSIDE NURSE PICC TRAINING
VUMC10735	MODEL: Tuition Payment & Employment Repayment Agreement
VUMC10742	FLOYD HEALTHCARE MANAGEMENT, INC. D/B/A FLOYD MEDICAL CENTER: OUTSIDE NURSE PICC TRAINING
VUMC33072-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: ST THOMAS HOSPITAL
VUMC33243-R	VOLUNTEER STATE COMMUNITY COLLEGE: OPHTHALMOLOGY INTERNSHIP AGREEMENT
VUMC33022-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: BOLIVAR GENERAL HOSPITAL
VUMC33564-R	BAPTIST HOSPITAL (SETON CORPORATION): OUTGOING RESIDENT AFFILIATION (Multiple Specialties)
VUMC33567-R	LIVINGSTON REGIONAL HOSPITAL: NICU
VUMC33024-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: NASHVILLE GENERAL HOSPITAL AT MEHARRY
VUMC33146-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: THREE RIVERS HOSPITAL
VUMC33236-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: SOUTHERN HILLS MEDICAL CENTER
VUMC34407-R	LIPSCOMB UNIVERSITY INSTITUTE OF CONFLICT MANAGEMENT: CONFLICT RESOLUTIONS TRAINING PROGRAM
VUMC33626-R	COLUMBIA UNIVERSITY: PT
VUMC33805-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: SUMMIT MEDICAL CENTER
VUMC34321-R	TUITION PAYMENT & EMPLOYMENT REPAYMENT AGREEMENT: RAZZAK, KHADIJAH
VUMC31951-R	MIDDLE TENNESSEE STATE UNIVERSITY: NUCLEAR MEDICINE TECHNOLOGY
VUMC33268-R	LSU HEALTH SCIENCES CENTER - SHREVEPORT: OT
VUMC33211-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: RIVER PARK HOSPITAL
VUMC32972-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: HARTON REGIONAL MEDICAL CENTER
VUMC31611-R	MIDDLE TENNESSEE STATE UNIVERSITY: DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM
VUMC34322-R	TUITION PAYMENT & EMPLOYMENT REPAYMENT AGREEMENT: CARPENTER, CHERISE
VUMC31861-R	MODEL: LEARNING CENTER
VUMC33629-R	MODEL: FLAT FEE PHARMACY INTERNSHIP
VUMC31880-R	UNIVERSITY OF TENNESSEE - CHATTANOOGA: PT
VUMC34301-R	SLIPPERY ROCK UNIVERSITY OF PENNSYLVANIA: PT
VUMC32975-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: HENDERSONVILLE MEDICAL CENTER
VUMC33861-R	ROCKHURST UNIVERSITY: PT
VUMC33089-R	SOUTH UNIVERSITY:PT
VUMC32968-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: PORTLAND MEDICAL CENTER
VUMC33431-R	CROCKETT HOSPITAL: OUTSIDE NURSE PICC TRAINING
VUMC34108-R	UNIVERSITY OF FLORIDA: PT
VUMC33830-R	DOGWOOD CLINIC: OUTSIDE NURSE PICC TRAINING
VUMC33565-R	VA AFFILIATION AGREEMENT
VUMC33166-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: TROUSDALE MEDICAL CENTER
VUMC33627-R	LIPSCOMB UNIVERSITY: FLAT FEE PHARMACY INTERNSHIP AGREEMENT
VUMC33206-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: HENRY COUNTY MEDICAL CENTER
VUMC34319-R	TUITION PAYMENT & EMPLOYMENT REPAYMENT AGREEMENT: JACKSON, JANNETTA
VUMC33675-R	BELMONT UNIVERSITY: FLAT FEE PHARMACY INTERNSHIP AGREEMENT
VUMC32532-R	MODEL: PICC TRAINING FOR OUTSIDE NURSES
VUMC34477-R	THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL: ORAL SURGERY INTERNSHIP
VUMC34390-R	BELMONT UNIVERSITY: PASTORAL CARE TRAINING OBSERVATION
VUMC64	BALL STATE UNIVERSITY: MED TECH
VUMC33030-R	OHIO UNIVERSITY: PT
VUMC32640-R	MENTAL HEALTH COOP: OUTGOING RESIDENT/FELLOW AFFILIATION AGREEMENT (PSYCHIATRY)
VUMC34129-R	ELON UNIVERSITY: PT
VUMC32056-R	MAURY REGIONAL: NICU
VUMC34446-R	UNIVERSITY OF MARYLAND: ORAL SURGERY INTERNSHIP
VUMC33786-R	NORTHERN ILLINOIS UNIVERSITY: PT
VUMC33785-R	MARYVILLE UNIVERSITY OF ST. LOUIS: OT
VUMC34595-R	UNIVERSITY OF NEVADA LAS VEGAS: ORAL SURGERY
VUMC34598-R	MODEL: VANDERBILT EXPERIENCE STUDENT NURSE INTERNSHIP PROGRAM (VESNIP)
VUMC34601-R	VANDERBILT EXPERIENCE STUDENT NURSE INTERNSHIP PROGRAM (VESNIP): AUSTIN PEAY STATE UNIVERSITY
VUMC34602-R	VANDERBILT EXPERIENCE STUDENT NURSE INTERNSHIP PROGRAM (VESNIP): BELMONT UNIVERSITY
VUMC34603-R	VANDERBILT EXPERIENCE STUDENT NURSE INTERNSHIP PROGRAM (VESNIP): CUMBERLAND UNIVERSITY
VUMC34604-R	VANDERBILT EXPERIENCE STUDENT NURSE INTERNSHIP PROGRAM (VESNIP): WESTERN KENTUCKY UNIVERSITY
VUMC34606-R	VANDERBILT EXPERIENCE STUDENT NURSE INTERNSHIP PROGRAM (VESNIP): LIPSCOMB UNIVERSITY
VUMC34699-R	NASHVILLE GENERAL HOSPITAL (NGHM) @ MEHARRY: AFFILIATION ADDENDUM (UROLOGY RESIDENTS)
VUMC34709-R	ALIVE HOSPICE: OUTGOING RESDENT/FELLOW AFFILIATION (Palliative & Hospice Care Medicine)
VUMC34751-R	MILLER, BONNIE / KIRKSVILLE COLLEGE OSTEOPATHIC MEDICINE/ DES PERES HOSPITAL
VUMC34824-R	UNIVERSITY OF FLORIDA - DENTISTRY: ORAL SURGERY INTERNSHIP
VUMC34971-R	UNIVERSITY OF MISSISSIPPI - DENTISTRY: ORAL SURGERY INTERNSHIP
VUMC35110-R	LEARNING CENTER: METROPOLITAN STATE UNIVERSITY
VUMC35135-R	LEARNING CENTER: TENNESSEE TECHNOLOGY CENTER AT DICKSON-FRANKLIN CAMPUS
VUMC35184-R	CENTENNIAL MEDICAL CENTER / MED TECH EXTERNSHIP
VUMC35243-R	TUITION PAYMENT AND EMPLOYEE REPAYMENT AGREEMENT: HARNACK, AUDREY

VUMC35244-R	TUITION PAYMENT AND EMPLOYEE REPAYMENT AGREEMENT: HANNAH, CASEY
VUMC35245-R	TUITION PAYMENT AND EMPLOYEE REPAYMENT AGREEMENT: HARDIN, KAYLA
VUMC35246-R	TUITION PAYMENT AND EMPLOYEE REPAYMENT AGREEMENT: PEACH, MARY BETH
VUMC35247-R	TUITION PAYMENT AND EMPLOYEE REPAYMENT AGREEMENT: BRENNAN, ASHLEY
VUMC35248-R	TUITION PAYMENT AND EMPLOYEE REPAYMENT AGREEMENT: BROOKS, KEESHA
VUMC35249-R	TUITION PAYMENT AND EMPLOYEE REPAYMENT AGREEMENT: COLEMAN, ASHLEY
VUMC35250-R	TUITION PAYMENT AND EMPLOYEE REPAYMENT AGREEMENT: CHOUANARD, HANNAH
VUMC35251-R	TUITION PAYMENT AND EMPLOYEE REPAYMENT AGREEMENT: CREAMER, ASHELY
VUMC35252-R	TUITION PAYMENT AND EMPLOYMENT REPAYMENT AGREEMENT: EUBANKS, SHANNA
VUMC35254-R	TUITION PAYMENT AND EMPLOYEE REPAYMENT AGREEMENT: DOYKA, LAURA
VUMC35256-R	TUITION PAYMENT AND EMPLOYEE REPAYMENT AGREEMENT: COOMER, SHAWN
VUMC35258-R	TUITION PAYMENT AND EMPLOYEE REPAYMENT AGREEMENT: MCBRIDE, EMILY
VUMC35259-R	TUITION PAYMENT AND EMPLOYEE REPAYMENT AGREEMENT: MCCABE, ALISON
VUMC35260-R	TUITION PAYMENT AND EMPLOYEE REPAYMENT AGREEMENT: NEELY MORGAN R.
VUMC35261-R	TUITION PAYMENT AND EMPLOYEE REPAYMENT AGREEMENT: MILTON, BRITTANY
VUMC35262-R	TUITION PAYMENT AND EMPLOYEE REPAYMENT AGREEMENT: SISK, CALEB
VUMC35264-R	TUITION PAYMENT AND EMPLOYEE REPAYMENT AGREEMENT: SMITH, LEAH
VUMC35265-R	TUITION PAYMENT AND EMPLOYEE REPAYMENT AGREEMENT: SPURGETIS, KATHRYN
VUMC35266-R	TUITION PAYMENT AND EMPLOYEE REPAYMENT AGREEMENT: THACKER, SARAH
VUMC35267-R	TUITION PAYMENT AND EMPLOYEE REPAYMENT AGREEMENT: TAYLOR ALEJA
VUMC35268-R	TUITION PAYMENT AND EMPLOYEE REPAYMENT AGREEMENT: STINSON, JESSICA
VUMC35326-R	WAKE FOREST UNIVERSITY: PHYSICIAN ASSISTANT INTERNSHIP
VUMC35446-R	MODEL: PHARMACY INTERNSHIP
VUMC35473-R	UNIVERSITY OF INDIANAPOLIS: OT
VUMC35663-R	GI FOR KIDS, PLLC: OUTSIDE NURSE PICC TRAINING
VUMC35735-R	LEARNING CENTER: TENNESSE TECHNOLOGY CENTER AT NASHVILLE
VUMC35756-R	SILOAM FAMILY HEALTH CENTER: DIETETIC EXTERNSHIP
VUMC35759-R	BORDEAUX LONG TERM CARE: DIETETIC EXTERNSHIP
VUMC35760-R	UNIVERSITY OF TENNESSEE EXTENSION-DAVIDSON COUNTY: DIETETIC EXTERNSHIP
VUMC35761-R	METRO NASHVILLE DEPT. OF HEALTH-WIC/NUTRITIONAL SRVCS.DIETETIC EXTERNSHIP /
VUMC35765-R	TN DEPT OF HEALTH/NUTRITIONAL SERVICES: DIETETIC EXTERNSHIP
VUMC35766-R	SECOND HARVEST FOOD BANK:DIETETIC EXTERNSHIP
VUMC35767-R	LEARNING CENTER: SAINT LOUIS UNIVERSITY SCHOOL OF NURSING
VUMC35779-R	LEARNING CENTER: UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
VUMC35831-R	LEARNING CENTER: MADISONVILLE COMMUNITY COLLEGE
VUMC35838-R	ALIGNMENT NASHVILLE: DIETETIC EXTERNSHIP
VUMC35861-R	CHILD LIFE: UNIVERSITY OF SOUTHERN MISSISSIPPI
VUMC36185-R	UNIVERSITY OF KENTUCKY, COLLEGE OF DENTISTRY:ORAL SURGERY INTERNSHIP
VUMC36311-R	SOUTHEASTERN INSTITUTE: PARAMEDIC INTERNSHIP
VUMC36326-R	SHORT-TERM VISITING RESIDENT/MEHARRY MEDICAL COLLEGE/"MASTER"
VUMC36333-R	SHORT-TERM VISITING RESIDENTS/UNIVERSITY OF TENNESSEE/"MASTER"
VUMC36346-R	TUITION PAYMENT & EMPLOYEE REPAYMENT AGREEMENT: ARNEY, MORGAN
VUMC36347-R	TUITION PAYMENT & EMPLOYEE REPAYMENT AGREEMENT: CROSS, LACEY
VUMC36348-R	TUITION PAYMENT & EMPLOYEE REPAYMENT AGREEMENT: PENDERGRASS, JAMIE
VUMC36349-R	TUITION PAYMENT & EMPLOYEE REPAYMENT AGREEMENT: RISNER, ANTHONY
VUMC36350-R	TUITION PAYMENT & EMPLOYEE REPAYMENT AGREEMENT: SIRUS, KRISTIE
VUMC36351-R	TUITION PAYMENT & EMPLOYEE REPAYMENT AGREEMENT: SPELLMAN, KATE
VUMC36352-R	TUITION PAYMENT & EMPLOYEE REPAYMENT AGREEMENT: STEWART, HEATHER
VUMC36353-R	TUITION PAYMENT & EMPLOYEE REPAYMENT AGREEMENT: TOFIQ, LIZAN
VUMC36354-R	TUITION PAYMENT & EMPLOYEE REPAYMENT AGREEMENT: WALKER, KATE
VUMC36355-R	TUITION PAYMENT & EMPLOYEE REPAYMENT AGREEMENT: ZELLER, ANNA
VUMC36412-R	YMCA OF MIDDLE TN SCHOOL AGE SERVICES:DIETETIC EXTERNSHIP
VUMC36461-R	LEARNING CENTER:UNION UNIVERSITY SCHOOL OF NURSING
VUMC36572-R	STATE OF TENNESSEE-SCHOOL NUTRITION OFFICE:DIETETIC EXTERNSHIP
VUMC36586-R	LEARNING CENTER-PHYSICIAN ASSISTANT:ST. FRANCIS UNIVERSITY
VUMC36590-R	MANNA-FOOD SECURITY PARTNERS:DIETETIC EXTERNSHIP
VUMC36600-R	LEARNING CENTER: WALDEN UNIVERSITY NURSING STUDENT TRAINING AGREEMENT
VUMC36602-R	LEARNING CENTER:SOUTHERN ADVENTIST UNIVERSITY NURSING STUDENT TRAINING AGREEMENT
VUMC36603-R	MODEL: DIETETIC EXTERNSHIP
VUMC36627-R	SPINDLER, KURT/GEORGIA COLLEGE AND STATE UNIVERSITY
VUMC36649-R	TEMPLE UNIVERSITY KORNBERG SCHOOL OF DENTISTRY:ORAL SURGERY INTERNSHIP
VUMC36674-R	ONLIFE HEALTH, INC: DIETETIC EXTERNSHIP
VUMC36778-R	UNIVERSITY OF TENNESSEE-MEMPHIS: HEALTH INFORMATION MANAGEMENT INTERNSHIP
VUMC36780-R	VINCENNES UNIVERSITY: HEALTH INFORMATION MANAGEMENT INTERNSHIP
VUMC36791-R	MODEL: HEALTH INFORMATION MANAGEMENT SERVICES INTERNSHIP
VUMC36860-R	BELMONT UNIVERSITY: SPORTS SCIENCE INTERNSHIP
VUMC36883-R	NASHVILLE GENERAL HOSPITAL (NGHM) @ MEHARRY: AFFILIATION ADDENDUM (HEM-ONCOLOGY RESIDENTS)
VUMC36900-R	LEARNING CENTER: UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES OBSERVATIONAL AGREEMENT
VUMC36962-R	CONCORDIA UNVIVERSITY ANN ARBOR: CHLD LIFE INTERNSHIP
VUMC36970-R	METROPOLITAN NASHVILLE PUBLIC SCHOOLS/ INTERNATIONAL NEWCOMER ACADEMY: DIETETIC EXTERNSHIP
VUMC36990-R	HOLLY STREET DAYCARE CENTER: DIETETIC EXTERNSHIP
VUMC37024-R	CHILD LIFE: HARDING UNIVERSITY
VUMC37190-R	LEARNING CENTER: UT KNOXVILLE-DEPARTMENT OF KINESIOLOGY
VUMC37192-R	LEARNING CENTER LIPSCOMB UNIVERSITY SCHOOL OF NURSING
VUMC37424-R	LEARNING CENTER: LOYOLA UNIVERSITY: OBSERVATION AGREEMENT
VUMC37516-R	CREIGHTON UNIVERSITY MEDICAL CENTER SCHOOL OF DENTISTRY: ORAL SURGERY INTERNSHIP
VUMC37517-R	LEARNING CENTER:EAST CAROLINA UNIVERSITY SCHOOL OF NURSING
VUMC37596-R	LEARNING CENTER:MISSISSIPPI UNIVERSITY FOR WOMEN
VUMC37677-R	LEARNING CENTER:BALL STATE UNIVERSITY
VUMC37691-R	LEARNING CENTER:HUASHAN HOSPITAL/FUDAN UNIVERSITY
VUMC37692-R	LEARNING CENTER:LINCOLN MEMORIAL UNIVERSITY/DeBUSK COLLEGE OF OSTEOPATHIC MEDICINE: PHYSICIAN ASSIANT CLINCIAL TRAINING
VUMC37706-R	NATIONAL COLLEGE: HEALTH INFORMATION MANAGEMENT INTERNSHIP
VUMC37802-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT:HUMBOLDT GENERAL HOSPITAL

VUMC37803-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: STONECREST MEDICAL CENTER
VUMC37804-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT:STONES RIVER HOSPITAL
VUMC37805-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT:HERITAGE MEDICAL CENTER
VUMC37808-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT:GATEWAY MEDICAL CENTER
VUMC37809-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: DEKALB COMMUNITY HOSPITAL
VUMC37810-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT:CENTENNIAL MEDICAL CENTER AT ASHLAND CITY
VUMC37811-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT:CENTENNIAL MEDICAL CENTER
VUMC37816-R	GRAND VALLEY STATE UNIVERSITY OF MICHIGAN:PT
VUMC37817-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: CAMDEN GENERAL HOSPITAL
VUMC37818-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT:HICKMAN COMMUNITY HOSPITAL
VUMC37819-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: HORIZON MEDICAL CENTER
VUMC37820-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT:JACKSON-MADISON COUNTY GENERAL HOSPITAL
VUMC37821-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT:MARSHALL MEDICAL CENTER
VUMC37822-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: MILAN GENERAL HOSPITAL
VUMC37823-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT:PERRY COMMUNITY HOSPITAL
VUMC37824-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: RIVERVIEW REGIONAL MEDICAL CENTER NORTH
VUMC37825-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT:RIVERVIEW REGIONAL MEDICAL CENTER SOUTH
VUMC37826-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: WILLIAMSON MEDICAL CENTER
VUMC37827-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: UNIVERSITY MEDICAL CENTER
VUMC37828-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT:WHITE COUNTY COMMUNITY HOSPITAL
VUMC37829-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT:UNITED REGIONAL MEDICAL CENTER
VUMC37899-R	COLUMBIA STATE COMMUNITY COLLEGE: RADIOLOGY SCIENCES
VUMC38038-R	AIC KIJABE HOSPITAL/KIJABE, KENYA
VUMC38039-R	LOMA LINDA UNIVERSITY:ORAL SURGERY INTERNSHIP
VUMC38041-R	GEORGIA REGENTS UNIVERSITY:ORAL SURGERY INTERNSHIP
VUMC38042-R	UNIVERSITY OF MISSOURI-KANSAS CITY: ORAL SURGERY INTERNSHIP
VUMC38063-R	UNIVERSITY OF NEW HAMPSHIRE:OT
VUMC38093-R	HOWARD UNIVERSITY: ORAL SURGERY INTERNSHIP
VUMC38094-R	UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO:ORAL SURGERY EXTERNSHIP
VUMC38095-R	UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER-HOUSTON: ORAL SURGERY INTERNSHIP
VUMC38217-R	AUBURN UNIVERSITY:MED TECH
VUMC38297-R	Southcentral Kentucky Community & Technical College:SURGICAL TECH
VUMC38352-R	MARYVILLE UNIVERSITY OF ST. LOUIS:PT
VUMC38463-R	ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE:PATHOLOGY ASSISTANT INTERNSHIP
VUMC38519-R	KATEELAYNE CAREFREE TREATS:DIETETIC EXTERNSHIP
VUMC38607-R	MONTGOMERY BELL ACADEMY: OBSERVATIONAL AGREEMENT
VUMC38608-R	MARSHALL COUNTY HIGH SCHOOL: OBSERVATION AGREEMENT
VUMC38609-R	METRO NASHVILLE PUBLIC HIGH SCHOOLS: OBSERVATIONAL AGREEMENT
VUMC38618-R	ST THOMAS: OUTGOING RESIDENT/FELLOW AFFILIATION (Multiple Specialties)
VUMC38821-R	MERIDIAN INSTITUTE OF SURGICAL ASSISTING:SURGICAL TECH
VUMC38824-R	LEARNING CENTER: NORTH DAKOTA STATE UNIVERSITY
VUMC39099-R	LYONS MAGNUS:DIETETIC EXTERNSHIP
VUMC39116-R	LEARNING CENTER:IDAHO STATE UNIVERSITY
VUMC39154-R	UNIVERSITY OF GEORGIA DEPARTMENT OF HEALTH PROMOTION AND BEHAVIOR: SAFETY INTERNSHIP
VUMC39159-R	UNIVERSITY OF ALABAMA (UAB):NEONATOLOGY NURSING STUDENT
VUMC39320-R	HEALTH INFORMATION MANAGEMENT: THE COLLEGE OF ST. SCHOLASTICA
VUMC39326-R	SHORT TERM VISITING RESIDENTS / SOUTHERN TENNESSEE MEDICAL CENTER / "MASTER"
VUMC39377-R	Learning Center:Trevecca Nazarene University:Physician Assistant Program
VUMC39422-R	Western Kentucky University Doctor of Physical Therapy - PT
VUMC39431-R	Learning Center: Eastern Virginia Medical School Physician Assistant Program
VUMC39456-R	Learning Center: Gonzaga University School of Nursing
VUMC39589-R	Central Peninsula Hospital: Outside PICC Training Program
VUMC39700-R	HERMAN OSTROW SCHOOL OF DENTISTRY OF USC:ORAL SURGERY INTERNSHIP
VUMC39726-R	St. Ambrose University; PT
VUMC39727-R	University of Massachusetts-Lowell; PT
VUMC39728-R	University of Iowa; PT
VUMC39729-R	Misericordia University; PT
VUMC39730-R	Armstrong Atlantic State University; PT
VUMC39731-R	Rosalind Franklin University of Medicine and Science; PT
VUMC39732-R	University of Texas M.D. Anderson Cancer Center: Cytogenetic Technology
VUMC39761-R	Learning Center: University of Kentucky
VUMC39853-R	Gordon JCC - Early Childhood Learner Center: Dietetic Externship
VUMC39854-R	Internship Program and World Relief Nashville: Dietetic Externship Agreement
VUMC39945-R	Learning Center: MTSU MS in Professional Science
VUMC40284-R	LEARNING CENTER:Pennsylvania State University School of Nursing
VUMC40300-R	LEARNING CENTER: East Tennessee State University
VUMC40354-R	Coffey II, Charles/TriStar Centenntial Hospital
VUMC40383-R	Learning Center: University of Cincinnati
VUMC40385-R	Learning Center: Touro University California-Physician Assistant
VUMC40395-R	VCH: CRPC NETWORK PEDIATRIC EDUCATIONAL AGREEMENT: Cookeville Regional Medical Center
VUMC40461-R	Learning Center: Clemson University School of Nursing
VUMC40499-R	MODEL: ORAL SURGERY
VUMC40521-R	Learning Center: Nova Southeastern University-Physician Assistant Program
VUMC40622-R	Andrews University: PT
VUMC40627-R	Wheeling Jesuit University: PT
VUMC40666-R	Rush University: OT
VUMC40752-R	University at Buffalo/ORAL AND MAXILLOFACIAL SURGERY INTERNSHIP AGREEMENT
VUMC40766-R	Oral Surgery Specialist of Tennessee: Outgoing Resident/Clinical Fellow Affiliation
VUMC40827-R	Tufts University-Boston School of Occupational Therapy/OT
VUMC40893-R	Elmhurst Memorial Healthcare Surgical Services and Pain Center:OUTSIDE NURSE PICC TRAINING
VUMC40896-R	Harding University: PT
VUMC40900-R	Brown, Rebekah/Cystic Fibrosis Foundation/C108-TDC09Y
VUMC40913-R	Learning Center: University of Michigan-Flint - Regents of University of Michigan

VUMC40914-R	Learning Center: University of Southern Indiana/College of Nursing and Health Professionals
VUMC40918-R	Northern New Mexico College: Surgical Tech
VUMC40936-R	University of British Columbia/ORAL AND MAXILLOFACIAL SURGERY INTERNSHIP AGREEMENT
VUMC40937-R	Midwestern University College of Dental Medicine/ORAL AND MAXILLOFACIAL SURGERY INTERNSHIP AGREEMENT
VUMC40949-R	Medical University of South Carolina James B. Edwards College of Dental Medicine/ORAL AND MAXILLOFACIAL SURGERY INTERNSHIP AGREEMENT
VUMC40956-R	Outgoing Vanderbilt Resident/Clinical Fellow (House Staff) Affiliation Agreement - Multiple - The Women's Center, PC (Long Term)
VUMC40973-R	MOU - Parsons, William/Family and Children's Service
VUMC40995-R	The Webb School : OBSERVATION AGREEMENT
VUMC40996-R	La Vergne High School: The Vanderbilt Experience High School Program/Andrea Franjic
VUMC41025-R	University of Alabama School of Dentistry at UAB/Oral Surgery Internship
VUMC41044-R	Smyrna High School: Service Excellence Observational Experience
VUMC41045-R	Riverdale High School: Service Excellence- Observational Experience
VUMC41046-R	Siegel High School: Service Excellence - Observational Experience
VUMC41047-R	Signature Consulting Services: PATIENT TRANSFER AGREEMENT
VUMC41048-R	The Florida State University: Social Work
VUMC41105-R	AFFILIATION AGREEMENT: Brady, Donald/STALLWORTH
VUMC41118-R	Metro Nashville Public Schools: Dietetic Externship (2-218740-19)
VUMC41124-R	The Ranch: Dietetic Externship
VUMC41125-R	Hands On Nashville - Urban Agriculture-Dietetic Externship
VUMC41131-R	Stallworth Rehabilitation Hospital: Dietetic Externship
VUMC41134-R	Slayton, Jennifer/Western Kentucky University (Business Student Internship)
VUMC41156-R	Learning Center: Wicks Educational Associates, Inc. Wound Ostomy & Continence Training
VUMC41244-R	Hollidaysburg High School:Vanderbilt Experience High School Program
VUMC41245-R	Northland Christian School: Vanderbilt Experience High School Program
VUMC41246-R	Vanderbilt Experience High School Program: Hickman County High School
VUMC41265-R	Abbott Nutrition/Dietetic Externship
VUMC41289-R	Seminole High School: Vanderbilt Experience High School Program
VUMC41300-R	University of South Dakota: OT
VUMC41301-R	University of Texas Medical Center Galveston: OT
VUMC41302-R	University of South Carolina: PT
VUMC41350-R	Smith County High School: Vanderbilt Experience High School Program
VUMC41351-R	Moore County High School: Vanderbilt Experience: High School Program
VUMC41373-R	University of Oklahoma - Oral Surgery Internship
VUMC41381-R	Pikeville High School : Vanderbilt Experience High School Program
VUMC41406-R	VISITING STUDENT CLINICAL EXPERIENCE: Perelman School of Medicine University of Pennsylvania
VUMC41449-R	Sports 4 All/Dietetic Externship
VUMC41521-R	Ohio State University College of Dentistry/ ORAL & MAXILLOFACIAL SURGERY Internship agreement
VUMC41537-R	Madisonville Community College/Surgical Tech/Perioperative Education
VUMC41548-R	A.T. Still University: PT
VUMC41549-R	The University of Findlay: PT
VUMC41561-R	Learning Center: Baptist Memorial Healthcare Corporation/Nurse Practitioner
VUMC41567-R	TRIAD:Claiborne County School System
VUMC32888-R	UNIVERSITY OF KENTUCKY / CHANDLER MEDICAL CENTER: PATIENT TRANSFER
VUMC32715-R	HERITAGE MEDICAL CENTER: PATIENT TRANSFER
VUMC32895-R	MEDICAL CENTER AT SCOTTSVILLE: PATIENT TRANSFER
VUMC32942-R	GRANDVIEW MEDICAL CENTER: PATIENT TRANSFER
VUMC201	BETHANY HEALTH CARE CENTER: PATIENT TRANSFER
VUMC2447	AVENTIS: PATIENT TRANSFER
VUMC33649-R	ST. THOMAS SURGICARE: PEDS PATIENT TRANSFER
VUMC3156	TROVER CLINIC FOUNDATION: TRANSPLANT
VUMC4447	WEST MEADE PLACE: PATIENT TRANSFER
VUMC9789	VANDERBILT EAST DIALYSIS CENTER: PATIENT TRANSFER
VUMC32720-R	JENNIE STUART MEDICAL CENTER: PATIENT TRANSFER
VUMC7648	AMBULATORY SURGERY CENTER OF COOL SPRINGS, LLC: PATIENT TRANSFER
VUMC7636	REGIONAL MEDICAL CENTER: TRAUMA PATIENT TRANSFER
VUMC6518	JCAHO ACCREDITATION AND HOSPITAL LICENSURE FOR STATE OF TENNESSEE
VUMC32917-R	BAPTIST HOSPITAL, NASHVILLE: PATIENT TRANSFER
VUMC34279-R	CENTRAL KENTUCKY DIALYSIS CENTERS, LLC. /DAVITA: KIDNEY TRANSPLANT AFFILIATION
VUMC10384	UNION CITY DIALYSIS CENTER / RCG: TRANSPLANT
VUMC251	BRISTOL REGIONAL MEDICAL CENTER: BURN PATIENT TRANSFER
VUMC10223	ORAL FACIAL SURGERY CENTER: PATIENT TRANSFER
VUMC34000-R	DAVITA/TOTAL RENAL CARE, INC.: CLARKSVILLE NORTH DIALYSIS
VUMC817	FT SANDERS PARKWEST MEDICAL CENTER: BURN PATIENT TRANSFER
VUMC32922-R	DVA RENAL HEALTHCARE, INC.: PATIENT TRANSFER
VUMC33131-R	LINCOLN MEDICAL CENTER: PATIENT TRANSFER
VUMC32892-R	LOURDES HOSPITAL: PATIENT TRANSFER
VUMC1184	LOGAN MEMORIAL HOSPITAL: CRITICAL CARE PATIENT TRANSFER
VUMC2806	ST. THOMAS: BURN PATIENT TRANSFER AGREEMENT
VUMC724	EAST KNOXVILLE DIALYSIS CENTER: TRANSPLANT
VUMC501	UNITED REGIONAL MEDICAL CENTER: PATIENT TRANSFER
VUMC225	FRESENIUS MEDICAL CARE: MASTER I
VUMC1126	JUNIOR LEAGUE OF NASHVILLE
VUMC7383	SOUTHERN TENNESSEE MEDICAL CENTER: PATIENT TRANSFER
VUMC6156	ROANE MEDICAL CENTER: PATIENT TRANSFER
VUMC362	ARKANSAS RENAL SYSTEMS, INC.: MASTER AGREEMENT
VUMC1155	LAKESHORE-WEDGEWOOD ESTATES: PATIENT TRANSFER
VUMC2875	T.J. SAMSON HOSPITAL: PATIENT TRANSFER
VUMC556	BLAKEFORD AT GREEN HILLS: PATIENT TRANSFER
VUMC33516-R	DAVITA/GARDENSIDE DIALYSIS-RENAL LIFE LINK, INC.:KIDNEY TRANSPLANT AFFILIATION
VUMC32217-R	HAMILTON MEDICAL CENTER: PATIENT TRANSFER
VUMC875	HARTON REGIONAL MEDICAL CENTER: PATIENT TRANSFER AGREEMENT
VUMC1522	MEDICAL CENTER AT BOWLING GREEN - PATIENT TRANSFER
VUMC1037	HTI MEMORIAL HOSPITAL, INC., D/B/A SKYLINE MEDICAL CENTER: BURN PATIENT TRANSFER

VUMC32893-R	WESTERN BAPTIST HOSPITAL: PATIENT TRANSFER
VUMC32716-R	MIDDLE TENNESSEE MEDICAL CENTER: PATIENT TRANSFER
VUMC144	BAPTIST HOSPITAL: CRITICAL PATIENT TRANSFER
VUMC545	COOKEVILLE REGIONAL MEDICAL CENTER: PATIENT TRANSFER
VUMC8390	UROLOGY SURGERY CENTER, LP: PATIENT TRANSFER
VUMC1010	WELLMONT HEALTH SYSTEM WHICH OPERATES HOLSTON VALLEY MED CTR
VUMC6154	MARINER HEALTH OF NASHVILLE: PATIENT TRANSFER
VUMC6787	HERMITAGE HALL: PATIENT TRANSFER
VUMC10546	KINDRED HOSPITAL NASHVILLE: BURN PATIENT TRANSFER
VUMC8392	CRITTENDEN HEALTH SYSTEMS: PATIENT TRANSFER
VUMC32890-R	JACKSON PURCHASE MEDICAL CENTER: PATIENT TRANSFER
VUMC1499	McKENDREE VILLAGE, INC.:PATIENT TRANSFER SERVICES (EXHIBIT VII)
VUMC9987	BAPTIST WOMEN'S TREATMENT CENTER: PATIENT TRANSFER
VUMC3148	TREVECCA HEALTH CARE CENTER: PATIENT TRANSFER AGREEMENT
VUMC2614	GAMBRO HEALTH CARE DIALYSIS CLINICS: MASTER AGREEMENT
VUMC9717	MAURY REGIONAL HOSPITAL: PATIENT TRANSFER
VUMC32779-R	REGIONAL HOSPITAL OF JACKSON: PATIENT TRANSFER
VUMC3297	TOTAL RENAL CARE D/B/A UPSTATE DIALYSIS CENTER INC: TRANSPLANT
VUMC108	APPALACHIAN DIALYSIS CENTER: BACKUP DIALYSIS
VUMC155	BAPTIST HOSPITAL OF EAST TENNESSEE: BURN PATIENT TRANSFER
VUMC230	BLOUNT MEMORIAL HOSPITAL: CRITICAL CARE
VUMC239	BIO-MEDICAL APPLICATIONS of Kentucky INC (FORMERLY BOWLING GREEN KIDNEY CENTER): BACKUP DIALYSIS
VUMC265	CALDWELL COUNTY HOSPITAL INC: PATIENT TRANSFER
VUMC350	HCA/TRI-STAR: LIFEFLIGHT
VUMC723	EASLEY DIALYSIS CENTER: TRANSPLANT
VUMC765	ERLANGER HOSPITAL: TRANSPLANT
VUMC816	FT SANDERS REGIONAL MEDICAL CENTER: CRITICAL PATIENT TRANSFER
VUMC849	BIO-MEDICAL APPLICATIONS of Kentucky INC (FORMERLY GLASGOW KIDNEY CENTER): BACKUP DIALYSIS
VUMC852	GOOD SAMARITAN CONVALESCENT CENTER: PATIENT TRANSFER
VUMC861	NATIONAL HEALTHCARE CENTER, DICKSON: PATIENT TRANSFER
VUMC863	TOTAL RENAL CARE D/B/A GREER KIDNEY CENTER: TRANSPLANT
VUMC1107	JACKSON-MADISON GENERAL HOSPITAL: BURN PATIENT TRANSFER
VUMC1122	JOHNSON CITY MEDICAL CENTER: BURN PATIENT TRANSFER
VUMC1183	LIVINGSTON REGIONAL HOSPITAL: PATIENT TRANSFER
VUMC1506	MEADOWS, THE: EMERGENCY PATIENT TRANSFER
VUMC1736	MODEL: LABOR & DELIVERY
VUMC1762	MODEL: PATIENT TRANSFER
VUMC1832	MORRISTOWN DIALYSIS CENTER: BACKUP DIALYSIS
VUMC1857	MUR-CI HOMES INC: PATIENT TRANSFER
VUMC1880	NASHVILLE HEALTH CARE CENTER: PATIENT TRANSFER
VUMC1890	NASHVILLE REHABILITATION HOSPITAL: PATIENT TRANSFER
VUMC1904	NATIONAL HEALTHCARE CENTER, HENDERSONVILLE: PATIENT TRANSFER
VUMC2441	PLANNED PARENTHOOD: PATIENT TRANSFER SPECIAL
VUMC2535	PRECISION CARDIOLOGY PC - PATIENT TRANSFER
VUMC2782	ST. MARY'S HEALTH SYSTEM, INC: PATIENT TRANSFER
VUMC3153	TRIGG COUNTY HOSPITAL: PATIENT TRANSFER
VUMC3155	THE REGIONAL MEDICAL CENTER - PATIENT TRANSFER
VUMC3312	UT MEDICAL CENTER AT KNOXVILLE: BURN PATIENT TRANSFER
VUMC3313	UNIVERSITY OF TENNESSEE MEDICAL CENTER AT KNOXVILLE: PATIENT TRANSFER
VUMC3590	VANDERBILT UNIVERSITY HOSPITAL SUBACUTE CARE UNIT:PATIENT TRANS
VUMC3739	VANDERBILT STALLWORTH REHABILITATION HOSPITAL: PATIENT TRANSFER
VUMC4446	WEST END HOME FOR LADIES: PATIENT TRANSFER
VUMC5482	TN/MR: CLOVER BOTTOM - PATIENT TRANSFER
VUMC5597	GREENVIEW REGIONAL HOSPITAL: PATIENT TRANSFER
VUMC5626	SALEM NURSING HOME: PATIENT TRANSFER
VUMC5953	NATIONAL NEPHROLOGY ASSOCIATES MASTER AGREEMENT: TRANSPLANT
VUMC5984	SUMNER DIALYSIS CENTER: TRANSPLANT
VUMC6129	METHODIST LEBONHEUR JACKSON HOSPITAL: BURN PATIENT TRANSFER
VUMC6155	ATHENS REGIONAL MEDICAL CENTER: PATIENT TRANSFER
VUMC6267	MARTIN DIALYSIS CENTER / RCG: TRANSPLANT
VUMC6485	DCI: MASTER AGREEMENT: TRANSPLANT
VUMC7139	VANDERBILT SUBACUTE UNIT: DIALYSIS
VUMC7276	TAKOMA REGIONAL HOSPITAL: PATIENT TRANSFER
VUMC7710	WOODS MEMORIAL HOSPITAL DISTRICT: BURN PATIENT TRANSFER
VUMC8495	METRO NASHVILLE GENERAL HOSPITAL: PATIENT TRANSFER
VUMC8838	VANDERBILT-WILLIAMSON CANCER CENTER: PATIENT TRANSFER
VUMC9270	CALDWELL COUNTY DIALYSIS: TRANSPLANT
VUMC9303	SURGICAL MONITORING SERVICES (SMS)
VUMC9319	ST. MARY'S MEDICAL CENTER: BURN PATIENT TRANSFER
VUMC32718-R	UNIVERSITY MEDICAL CENTER: PATIENT TRANSFER
VUMC10431	VUMC: NATIONAL DISASTER MEDICAL SYSTEM
VUMC9683	SKYRIDGE MEDICAL CENTER: PATIENT TRANSFER
VUMC9738	LANDACORP, INC.
VUMC9982	MORRISTOWN-HAMBLEN HOSPITAL: PATIENT TRANSFER
VUMC10585	NEWTON DIALYSIS CENTER/RCG: TRANSPLANT
VUMC10683	MODEL: OUTBOUND PATIENT TRANSFER
VUMC32887-R	THE MEDICAL CENTER: PATIENT TRANSFER
VUMC34001-R	DAVITA/TOTAL RENAL CARE, INC.: LEITCHFIELD DIALYSIS
VUMC32719-R	SUMMIT MEDICAL CENTER: PATIENT TRANSFER
VUMC33396-R	DAVITA/TOTAL RENAL CARE, INC.: KIDNEY TRANSPLANT AFFILIATION
VUMC32251-R	McMinnville Dialysis Clinic
VUMC32894-R	LOGAN MEMORIAL: PATIENT TRANSFER
VUMC32898-R	FRESENIUS MEDICAL CARE OF MURRAY (PATIENT TRANSFER)

VUMC32160-R	RENAL CARE GROUP: WINCHESTER, TN / HEMODIALYSIS & TRANSPLANT AGREEMENT
VUMC32159-R	RENAL CARE GROUP: MCMINNVILLE, TN / HEMODIALYSIS & TRANSPLANT AGREEMENT
VUMC34737-R	DAVITA/EAST EVANSVILLE DIALYSIS-RENAL LIFE LINK, INC.:KIDNEY TRANSPLANT AFFILIATION
VUMC34770-R	ERLANGER HEALTH SYSTEM: BURN PATIENT TRANSFER
VUMC35006-R	DAVITA/TOTAL RENAL CARE INC./KIDNEY TRANSPLANT AFFILIATION
VUMC35455-R	DVA RENAL HEALTHCARE/KIDNEY TRANSPLANT AFFILIATION AGREEMENT
VUMC35696-R	TN VALLEY DIALYSIS CENTER, LLC/KIDNEY TRANSPLANT AFFILIATION AGREEMENT
VUMC35804-R	DVA RENAL HEALTHCARE, INC./PATIENT TRANSFER AGREEMENT
VUMC36010-R	DCI DONOR SERVICES, INC. d/b/a TENNESSEE DONOR SERVICES/TRANSPLANT CENTER AGREEMENT
VUMC36014-R	LAUGHLIN MEDICAL CENTER:PATIENT TRANSFER
VUMC36399-R	FMCNA WATAUGA COUNTY/DIALYSIS TRANSPLANT AGREEMENT
VUMC36517-R	TENNESSEE DISABILITY COALITION(TN/HRSA-GRANT H21MC06739)
VUMC36703-R	LIVINGSTON HOSPITAL AND HEALTHCARE SERVICES, INC./TRAUMA PATIENT TRANSFER
VUMC36749-R	DAVITA: TOTAL RENAL CARE/SPARTA DIALYSIS FACILITY
VUMC36809-R	FRANKLIN WOODS COMMUNITY HOSPITAL: BURN PATIENT TRANSFER
VUMC37594-R	WELLMONT BRISTOL REGIONAL MEDICAL CENTER: PATIENT TRANSFER
VUMC37970-R	MAYNORD, PATRICK/NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTES/NACHRI
VUMC38478-R	MORAD, ANNA/BABY-FRIENDLY USA, INC/
VUMC39734-R	FMC of Lake Cumberland: Patient Transfer Agreement
VUMC40286-R	Select Specialty Hospital: Patient Transfer Agreement
VUMC35226-R	COOPER, SCOTT/YOGA ROOM & VANDERBILT ORTHOPAEDIC FITNESS/SERVICE AGREEMENT/
VUMC37924-R	TENNESSEE DEPARTMENT OF HEALTH; TENNESSEE IMMUNIZATION REGISTRY; TRADING PARTNER AGREEMENT (TPA # PPV000001)
VUMC4489	BIO-MEDICAL APPLICATIONS OF TENNESSEE: OUTPATIENT MANAGEMENT AGREEMENT
VUMC8958	WINDSOR HOUSE: OUTPATIENT DIALYSIS
VUMC1699	MODEL: CARDIAC CATHETERIZATION
VUMC2393	PCS AGREEMENT: OUTPATIENT PHARMACY
VUMC4741	VSRH: VANDERBILT HEMODIALYSIS CLINIC (OUTPATIENT SERVICES)
VUMC5977	METROPOLITAN NASHVILLE BORDEAUX HOSPITAL: BACKUP DIALYSIS
VUMC7426	TREVECCA HEALTH CARE CENTER: OUTPATIENT DIALYSIS
VUMC7856	HEALTHCARE COMPUTER CORPORATION: THIRD PARTY BILLING AGREEMENT
VUMC8422	INTEGRATED HEALTH SERVICES OF NASHVILLE: OUTPATIENT DIALYSIS
VUMC9731	FRESENIUS: VANDERBILT EAST DIALYSIS CENTER
VUMC31097-R	FRANGOUL, HAYDAR/COOPERATIVE APPALACHIAN MARROW PROGRAM, INC. (CAMP)/COLLECTION CENTER/NATIONAL MARROW DONOR PROGRAM (NMDP) PROCEDURES OF INTERACTION
VUMC35813-R	ZAVALA,EDWARD/ALLIANCE FOR PAIRED DONATION COOPERATIVE AGREEMENT
VUMC37520-R	FRANGOUL, HAYDAR/COOPERATIVE APPALACHIAN MARROW PROGRAM, INC. (CAMP)/APHERESIS CENTER/NATIONAL MARROW DONOR PROGRAM (NMDP) PROCEDURES OF INTERACTION
VUMC5733	CHILD LIFE: BENTON COUNTY SCHOOLS
VUMC6287	CHILD LIFE: BLOUNT COUNTY SCHOOLS
VUMC34075-R	HARPETH FUTBOL CLUB: ATHLETIC TRAINER
VUMC32353-R	VICCAF: PHYSICIAN SVCS
VUMC33282-R	HARPETH DIALYSIS CLINIC, NATIONAL RENAL ALLIANCE, LLC
VUMC9686	BRENTWOOD CHILDREN'S CLINIC: TELEPHONE TRIAGE
VUMC31737-R	POISON PREVENTION: DECATUR COUNTY GENERAL HOSPITAL
VUMC2518	POISON PREVENTION: STONES RIVER HOSPITAL
VUMC2516	POISON PREVENTION: SOUTHERN TENNESSEE MEDICAL CENTER
VUMC32348-R	VGCC: PHYSICIAN SVCS
VUMC2394	PCS AGREEMENTS: MEDICAL ARTS PHARMACY
VUMC7693	INFORMATION MANAGEMENT: ECLIPSYS CORPORATION
VUMC31738-R	POISON PREVENTION: DYERSBURG REGIONAL MEDICAL CENTER
VUMC31824-R	POISON PREVENTION: HERITAGE MEDICAL CENTER
VUMC32005-R	POISON PREVENTION: MORRISTOWN-HAMBLEN HEALTHCARE SYSTEME
VUMC34449-R	DIGIRAD IMAGING SOLUTIONS, INC.
VUMC31939-R	THE CHILDREN'S CLINIC LAWRENCEBURG, TN :TELEPHONE TRIAGE
VUMC32498-R	Vanderbilt Dayani Center, Health and Wellnsess:Industrial Medical Clinic
VUMC34489-R	CULTURAL ENRICHMENT: PAUL AND GLORIA STERNBERG
VUMC10462	POISON PREVENTION: JELLICO COMMUNITY HOSPITAL
VUMC10069	CHILD LIFE: WEAKLEY COUNTY SCHOOLS
VUMC33549-R	MNGH/MEHARRY: AFFILIATION ADDENDUM (RADIATION ONCOLOGY)
VUMC33477-R	HORIZON MEDICAL CENTER: ECHOCARDIOGRAMS & EKG'S
VUMC32346-R	VGCC: MEDICAL DIRECTOR
VUMC32666-R	OUTBOUND PATIENT TRANSFER: TREVECCA HEALTH CARE CENTER
VUMC34533-R	FRESENIUS MEDICAL SERVICES SOUTHEAST: DIALYSIS
VUMC32677-R	POISON PREVENTION: HOLSTON VALLEY MEDICAL CENTER
VUMC7510	McKENDREE VILLAGE, INC.: PATHOLOGY LABORATORY SERVICES (EXHIBIT II)
VUMC31519-R	TENNESSEE POISON CENTER: HARDIN MEDICAL CENTER
VUMC32664-R	OUTBOUND PATIENT TRANSFER: VANDERBILT STALWORTH REHABILITATION HOSPITAL
VUMC5105	TN/HS DIVISION OF REHABILITATION: VOCATIONAL REHABILITATION SERVICES GR-00-12686 (BALL)
VUMC6585	CENTENNIAL PEDIATRICS, P.C.: TELEPHONE TRIAGE
VUMC33818-R	GET WITH THE GUIDELINES: AMERICAN HEART ASSOCIATION / AMERICAN STROKE ASSOCIATION
VUMC32350-R	VICCAF: MEDICAL DIRECTOR
VUMC34506-R	MODEL: VANDERBILT OUTSIDE SEARCH FIRM AGREEMENT
VUMC32129-R	CHILD LIFE: MANCHESTER CITY SCHOOLS
VUMC33976-R	EXTENDED CARE INFORMATION NETWORK/ SOFTWARE LICENSE AGREEMENT
VUMC33978-R	CHILD LIFE: OWENSBORO CITY SCHOOLS
VUMC32676-R	POISON PREVENTION: HAWKINS COUNTY MEMORIAL HOSPITAL
VUMC32899-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS : RETENTION MANAGEMENT, LLC
VUMC31903-R	POISON PREVENTION: MEMORIAL HEALTHCARE SYSTEM
VUMC34147-R	LIGHTNING LACROSSE CAMPS: ATHLETIC TRAINER
VUMC8137	CHILD LIFE: HUMPHREYS COUNTY SCHOOLS
VUMC5300	CHILD LIFE: FRANKLIN COUNTY SCHOOLS
VUMC31602-R	POISON PREVENTION: VOLUNTEER COMMUNITY HOSPITAL
VUMC9122	TN/H: RENAL DISEASE REIMBURSEMENT- PHARMACY (HUFFINES)
VUMC32761-R	PROVIDER SUPPORT SERVICES: PRACTITIONER HOSPITAL DATA BANK
VUMC31451-R	VANDERBILT GATEWAY CANCER CENTER DBA GATEWAY-VANDERBILT CANCER TREATMENT CENTER: GATEWAY HEALTH SYSTEM

VUMC32347-R	VGCC: MANAGER
VUMC33299-R	CREDENTIALING AGREEMENT: CUMBERLAND PEDIATRIC IPA
VUMC31601-R	POISON PREVENTION: DELTA MEDICAL CENTER
VUMC33765-R	POISON PREVENTION: LAKEWAY REGIONAL HOSPITAL
VUMC31717-R	LIFEFLIGHT: FORT CAMPBELL/MEDEVAC SERVICES
VUMC32713-R	POISON PREVENTION: UNIVERSITY MEDICAL CENTER
VUMC34487-R	CULTURAL ENRICHMENT: DELOSS MCGRAW
VUMC10544	POISON PREVENTION: HENRY COUNTY MEDICAL CENTER
VUMC32538-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS : NASHVILLE ELECTRIC SERVICE (NES)
VUMC31603-R	POISON PREVENTION: HAYWOOD PARK COMMUNITY HOSPITAL
VUMC10490	MEHARRY COMPENSATION GUIDELINES FOR CLINICAL FACULTY UNDER THE ALLIANCE
VUMC7943	CHILD LIFE: GRAVES COUNTY SCHOOLS
VUMC32042-R	CORPORATE RELATIONS: VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS: NISSAN NORTH AMERICA, INC.
VUMC10518	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS: TRI-STATE OCCUPATIONAL HEALTH, LLC
VUMC33251-R	CHILD LIFE: MURFREESBORO CITY SCHOOLS
VUMC2469	POISON PREVENTION: COOKEVILLE REGIONAL GENERAL HOSPITAL
VUMC2468	POISON PREVENTION: UNITED REGIONAL MEDICAL CENTER
VUMC6202	COOKEVILLE PEDIATRICS: TELEPHONE TRIAGE
VUMC690	TN/HS: STATE CERTIFICATION OFFICERS RV 08-22141-00 RSF# 345.30-038-08
VUMC2498	POISON PREVENTION: LIVINGSTON REGIONAL HOSPITAL
VUMC4714	CHILD LIFE: MOORE COUNTY SCHOOLS
VUMC2466	POISON PREVENTION: RESTORATIVE HEALTHCARE d/b/a CUMBERLAND RIVER HOSPITAL
VUMC32126-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS: A. O. SMITH CORPORATION
VUMC31587-R	OUTBOUND PATIENT TRANSFER: METROPOLITAN NASHVILLE GENERAL HOSPITAL
VUMC32352-R	VICCAF: MANAGER SVCS
VUMC6195	CULTURAL ENRICHMENT: LIFF, JUDY (NOAH)
VUMC31904-R	POISON PREVENTION: METHODIST HEALTHCARE - MEMPHIS HOSPITALS - SOUTH CAMPUS
VUMC9398	CHILD LIFE: DICKSON COUNTY SCHOOLS
VUMC2526	POISON PREVENTION: WAYNE MEDICAL CENTER
VUMC6408	OLD HARDING PEDIATRIC ASSOCIATES, P.C.: TELEPHONE TRIAGE
VUMC32035-R	LIFEFLIGHT: SEVENBAR FLYING SERVICE, INC.
VUMC32305-R	MNGH/MEHARRY: AFFILIATION GENERAL INFO FILE
VUMC2912	TENNESSEE DONOR SERVICE: ORGAN DONOR
VUMC31365-R	POISON PREVENTION: SAINT FRANCIS HOSPITAL-BARTLETT
VUMC31806-R	POISON PREVENTION: MCNAIRY HOSPITAL
VUMC9339	CHILD LIFE: HAMBLEN COUNTY SCHOOLS
VUMC32585-R	PHG TECHNOLOGIES SOFTWARE LICENSE AGREEMENT
VUMC32207-R	CHILD LIFE: LEWIS COUNTY SCHOOLS
VUMC34110-R	CHEER SPORT INC.: ATHLETIC TRAINER
VUMC34179-R	FRESENIUS MEDICAL CARE OF HUNTSVILLE: DIALYSIS
VUMC31906-R	POISON PREVENTION: JACKSON TENNESSEE HOSPITAL CO., LLC d/b/a REGIONAL HOSPITAL OF JACKSON
VUMC4640	VA: LIVER TRANSPLANT
VUMC10664	AMERICAN COLLEGE OF SURGEONS' NATIONAL SURGICAL QUALITY IMPROVEMENT PROGRAM
VUMC7988	CHILDREN'S MEDICAL GROUP TELEPHONE TRIAGE
VUMC34097-R	PEDIATRIC PLACE OF UNION CITY: TELEPHONE TRIAGE
VUMC709	DISCOVER: MERCHANT SERVICES AGREEMENT
VUMC754	END STAGE RENAL DISEASE (ESRD): NETWORK MEMBERSHIP AGREEMENT
VUMC981	HERMANN HOSPITAL: LIFE FLIGHT SERVICEMARK
VUMC1172	MARSHALL MEDICAL CENTER: PEDIATRICS ECHO AND HOLTER MONITOR READINGS
VUMC1703	MODEL: CHILD LIFE EDUCATIONAL SERVICES
VUMC2471	POISON PREVENTION: CROCKETT HOSPITAL
VUMC2472	POISON PREVENTION: CUMBERLAND MEDICAL CENTER
VUMC2482	POISON PREVENTION: TULLAHOMA HMA, LLC. D/B/A HARTON REGIONAL MEDICAL CENTER
VUMC2484	POISON PREVENTION: ATHENS REGIONAL MEDICAL CENTER
VUMC2497	POISON PREVENTION: LINCOLN MEDICAL CENTER
VUMC2499	POISON PREVENTION: MACON COUNTY GENERAL HOSPITAL
VUMC2500	POISON PREVENTION: MARSHALL MEDICAL CENTER
VUMC2502	POISON PREVENTION: MAURY REGIONAL HOSPITAL
VUMC2503	POISON PREVENTION: MEDICAL CENTER OF MANCHESTER
VUMC2504	POISON PREVENTION: LAUGHLIN MEMORIAL HOSPITAL
VUMC2505	POISON PREVENTION: METRO NASHVILLE GENERAL HOSPITAL
VUMC2515	POISON PREVENTION: GRANDVIEW MEDICAL CENTER
VUMC2517	POISON PREVENTION: ST. THOMAS HOSPITAL
VUMC2519	POISON PREVENTION: SUMNER REGIONAL HEALTH SYSTEMS INC
VUMC2521	POISON PREVENTION: THREE RIVERS COMMUNITY HOSPITAL
VUMC2527	POISON PREVENTION: WHITE COUNTY HOSPITAL
VUMC2529	POISON PREVENTION: WILLIAMSON MEDICAL CENTER
VUMC2654	AIR METHOD'S, INC.: HELICOPTER CONTRACT
VUMC9817	CHILD LIFE: SEVIER COUNTY SCHOOLS
VUMC3399	VA: HEART TRANSPLANT SERVICES V626P-8185
VUMC3574	VANDERBILT DIALYSIS CLINIC/VUSM (INTERNAL)
VUMC3733	VSRH: LINEN/LAUNDRY SERVICE
VUMC3740	VSRH: PHARMACY
VUMC4503	CHILD LIFE: GILES COUNTY SCHOOLS
VUMC4504	CHILD LIFE: CANNON COUNTY SCHOOLS
VUMC4505	CHILD LIFE: DEKALB COUNTY SCHOOLS
VUMC4506	CHILD LIFE: CHEATHAM COUNTY SCHOOLS
VUMC4513	CHILD LIFE: METROPOLITAN NASHVILLE SCHOOLS
VUMC4515	CHILD LIFE: PUTNAM COUNTY SCHOOLS
VUMC4564	TENET HEALTHCARE CORPORATION/BAPTIST HOSPITAL
VUMC4579	CHILD LIFE: LAWRENCE COUNTY SCHOOLS
VUMC4600	CHILD LIFE: WAYNE COUNTY SCHOOLS
VUMC4684	VA: PHOTOPHERESIS VA249-S-0325

VUMC4690	MODEL: TELEPHONE TRIAGE
VUMC4871	CHILDREN'S HOSPITAL ASSOCIATION (NACHRI)
VUMC4929	GATEWAY HEALTH SYSTEMS: ECHOCARDIOGRAM & EKG's
VUMC5271	CHILD LIFE: CALDWELL COUNTY BOARD OF EDUCATION
VUMC5369	TN/H: HEMOPHILIA GR-02-14109 (NEFF)
VUMC5668	POISON PREVENTION: PERRY COMMUNITY HOSPITAL
VUMC5802	CHILDREN'S CLINIC OF LAWRENCEBURG: EKG (GRAHAM)
VUMC5822	PREMIER MEDICAL GROUP : TELEPHONE TRIAGE
VUMC5924	CHILD LIFE: FRANKLIN SPECIAL SCHOOL DISTRICT
VUMC5958	CHILD LIFE: WARREN COUNTY SCHOOLS
VUMC5960	VA: CARDIOPULMONARY PERFUSIONIST
VUMC5976	MCKENDREE VILLAGE, INC: AFFILIATION MEMORANDUM MASTER
VUMC6003	CHILDREN AND ADULT MEDICAL GROUP: TELEPHONE TRIAGE
VUMC6072	TN/H: POISON PREVENTION: TENNESSEE POISON CENTER - (SEGER)(ARRA 2009)
VUMC6474	CHILD LIFE: TULLAHOMA CITY SCHOOLS
VUMC6488	POISON PREVENTION: HILLSIDE HOSPITAL
VUMC6542	MODEL: CONSULTING SERVICES PROVIDED TO OUTSIDE PARTY
VUMC6600	POISON PREVENTION: WOODS MEMORIAL HOSPITAL DISTRICT
VUMC6602	POISON PREVENTION: RHEA MEDICAL CENTER
VUMC2501	POISON PREVENTION: MASTER FILE
VUMC6694	CHILDREN'S CLINIC EAST, P.C.: TELEPHONE TRIAGE
VUMC6812	BELMONT UNIVERSITY: SPORTS MEDICINE
VUMC1714	MODEL: ECHO
VUMC1726	MODEL: VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS
VUMC7005	CHILD LIFE: KNOX COUNTY SCHOOLS
VUMC7023	CHILD LIFE: HOUSTON COUNTY SCHOOLS
VUMC7110	MEHARRY: MASTER CONTRACT FOR PROFESSIONAL SERVICES
VUMC7138	CHILD LIFE: CUMBERLAND COUNTY
VUMC7146	HICKSON, GERALD / (PARS) / THE EMORY CLINIC, INC.
VUMC7180	CULTURAL ENRICHMENT: ALPERT, HERB
VUMC7190	CHILD LIFE: WHITE COUNTY BOARD OF EDUCATION
VUMC7248	CHATTANOOGA-HAMILTON COUNTY HOSPITAL AUTHORITY: PATHOLOGY LABORATORY SERVICES
VUMC7473	METROPOLITAN HOSPITAL AUTHORITY: FORENSIC EXAMINATION OF RAPE VICTIMS
VUMC7558	CHILD LIFE: CRITTENDEN COUNTY (KENTUCKY)
VUMC7612	POISON PREVENTION: PATIENTS' CHOICE MEDICAL CENTER OF ERIN, TN LLC
VUMC7721	MAURY REGIONAL HOSPITAL: EKG & ECHO
VUMC7737	HICKSON, GERALD / (PARS) / ST. JOHN'S HOSPITAL (SPRINGFIELD, MO)
VUMC7775	POISON PREVENTION: RIVERVIEW REGIONAL MEDICAL CENTER
VUMC7859	CHILD LIFE: JACKSON-MADISON COUNTY SCHOOLS
VUMC7999	CHILD LIFE: MOBILE COUNTY PUBLIC SCHOOL SYSTEM
VUMC8047	VA: AUTOPSY SERVICES AGREEMENT
VUMC8095	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS : TELEDYNE ELECTRONICS TECHNOLOGIES
VUMC8255	CHILD LIFE: HARDEMAN COUNTY SCHOOLS
VUMC8409	METROPOLITAN BOARD OF EDUCATION: SPORTS MEDICINE SERVICES
VUMC8490	VSRH: MEDICAL DIRECTOR AGREEMENT - INTERNAL MEDICINE SERVICES
VUMC8491	VSRH: PROGRAM DIRECTOR AGREEMENT - NEUROLOGY SERVICES (Dr. Able)
VUMC8492	VSRH: PROGRAM DIRECTOR AGREEMENT - PHYSICAL MEDICINE AND REHAB (Dr. Groomes)
VUMC8529	CHILD LIFE: OVERTON COUNTY SCHOOLS
VUMC8575	HARPETH HIGH SCHOOL: VANDERBILT SPORTS MEDICINE SERVICES
VUMC8698	CULTURAL ENRICHMENT: MCGREW, DR. SUSAN
VUMC8827	CHILD LIFE: VAN BUREN COUNTY SCHOOLS
VUMC8843	CHILD LIFE: FORT CAMPBELL SCHOOLS
VUMC8872	FINLAYSON, REID/CENTER FOR PROFESSIONAL EXCELLENCE (CPE)
VUMC9032-R	UNIVERSITY SCHOOL OF NASHVILLE: SPORTS MEDICINE SERVICES
VUMC9128	UNIVERSITY PEDIATRICS: TELEPHONE TRIAGE
VUMC9174	POISON PREVENTION: TAKOMA REGIONAL HOSPITAL
VUMC9176	POISON PREVENTION: TROUSDALE MEDICAL CENTER
VUMC9208	MERCY HEALTH SERVICES INC.: TELEPHONE TRIAGE
VUMC9226	HEALTHPORT CORPORATION: PROVISION OF MEDICAL RECORDS TO PATIENTS
VUMC10483	POISON PREVENTION: FORT SANDERS REGIONAL MEDICAL CENTER
VUMC10240	POISON PREVENTION: DENVER HEALTH AND HOSPITAL AUTHORITY
VUMC31706-R	HUBBARD, MARK/LYNX MEDICAL SYSTEMS, INC/
VUMC32665-R	OUTBOUND PATIENT TRANSFER: BETHANY HEALTH CARE CENTER
VUMC34117-R	MEDASSETS ANALYTICAL SYSTEMS, LLC.: TECHNOLOGY
VUMC10052	CHILD LIFE: CHRISTIAN COUNTY SCHOOLS
VUMC9372	POISON PREVENTION: MOUNTAIN STATES HEALTH ALLIANCE
VUMC9470	VANDERBILT HEALTH PLUS: NURSES FOR NEWBORNS OF TENNESSEE
VUMC9494	CHILD LIFE: JACKSON COUNTY SCHOOLS
VUMC9569	HICKSON, GERALD / (PARS) / NORTH CAROLINA BAPTIST HOSPITAL (NCBH)
VUMC9570	HICKSON, GERALD / (PARS) / ST. JOHN'S MERCY MEDICAL CENTER
VUMC9601	CHILD LIFE: MORGAN COUNTY SCHOOLS
VUMC9685	TERRACE PEDIATRIC GROUP: TELEPHONE TRIAGE
VUMC9734	CHILD LIFE: GIBSON COUNTY SPECIAL SCHOOLS
VUMC9740	CHILD LIFE: BEDFORD COUNTY SCHOOLS
VUMC9887	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS : GAYLORD ENTERTAINMENT
VUMC9988	VUH: Q-SOURCE
VUMC10016	PEDIATRIC ASSOCIATES OF FRANKLIN: TELEPHONE TRIAGE
VUMC10070	CHILD LIFE: ROANE COUNTY SCHOOLS
VUMC10129	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS: INGRAM BARGE COMPANY
VUMC10132	VSRH: CLINICAL STAFFING RESOURCE CENTER
VUMC10146	CHILD LIFE: LEE COUNTY SCHOOLS
VUMC10147	CHILD LIFE: MAURY COUNTY SCHOOLS
VUMC10313	CHILD LIFE: WILSON COUNTY SCHOOLS

VUMC10361	NCO FINANCIAL SYSTEMS, INC.
VUMC10370	3M COMPANY AND 3M INNOVATIVE PROPERTIES COMPANY
VUMC10482	POISON PREVENTION: PARKWEST MEDICAL CENTER
VUMC10499	POISON PREVENTION: ST. JUDE CHILDREN'S RESEARCH HOSPITAL
VUMC10522	POISON PREVENTION: EAST TENNESSEE CHILDREN'S HOSPITAL
VUMC10566	POISON PREVENTION: JAMESTOWN REGIONAL MEDICAL CENTER
VUMC10584	TN/H: CENTERS FOR DISEASE CONTROL AND PREVENTION - CHEMPACK
VUMC10620	POISON PREVENTION: JACKSON-MADISON COUNTY GENERAL HOSPITAL DISTRICT
VUMC10633	CULTURAL ENRICHMENT: GRUBER, MARTIN
VUMC10637	TN/H: BIOTERRORISM PREPAREDNESS
VUMC10659	MODEL: PROVIDER SUPPORT SERVICES
VUMC10720	POISON PREVENTION: SAINT FRANCIS HOSPITAL-MEMPHIS
VUMC31869-R	DJO, LLC OFFICE CARE PROGRAM: CONSIGNMENT AGREEMENT
VUMC32722-R	CODERYTE, INC./ SOFTWARE LICENSE AGREEMENT
VUMC31509-R	POISON PREVENTION: BAPTIST MEMORIAL HEALTHCARE COPORATION
VUMC31698-R	KIDS KARE (COOKEVILLE): TELEPHONE TRIAGE
VUMC32174-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS : STAR MANUFACTURING
VUMC33100-R	POISON PREVENTION: RIVER PARK HOSPITAL (MCMINNVILLE)
VUMC31881-R	POISON PREVENTION: BLOUNT MEMORIAL HOSPITAL
VUMC32229-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS : PICA GROUP
VUMC32608-R	PROVIDER ENROLLMENT AGREEMENT: WILLIAMSON IMAGING LLC
VUMC31364-R	POISON PREVENTION: METHODIST FAYETTE HOSPITAL
VUMC32075-R	LIFEFLIGHT: TULLAHOMA MUNICIPAL AIRPORT AUTHORITY, INC. LEASE
VUMC32151-R	CORPORATE RELATIONS:VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS : METRO NASHVILLE AIRPORT AUTHORITY
VUMC33892-R	VUMC: ENABLECOMP
VUMC31604-R	POISON PREVENTION: THE UNIVERSITY OF TENNESSEE MEDICAL CENTER
VUMC34013-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS:NYRSTAR CLARKSVILLE
VUMC31940-R	POISON PREVENTION: CLAIBORNE COUNTY HOSPITAL
VUMC34384-R	NASHVILLE ULTIMATE FRISBEE TOURNAMENT: ATHLETIC TRAINER
VUMC31894-R	HOSPITAL HOSPITALITY HOUSE OF NASHVILLE, INC.
VUMC31533-R	OPTISTAT SERVICE AGREEMENT
VUMC31821-R	ROSCH VISIONARY SYSTEMS, INC SOFTWARE LICENSE AGREEMENT
VUMC33212-R	POISON PREVENTION: TRISTAR HEALTH SYSTEM, INC.
VUMC31520-R	TENNESSEE POISON CENTER: MCKENZIE REGIONAL HOSPITAL
VUMC31840-R	POISON PREVENTION: HENDERSON COUNTY COMMUNITY HOSPITAL
VUMC33545-R	MNGH / MEHARRY: AFFILIATION ADDENDUM (FAMILY & COMMUNITY MEDICINE -FINANCIAL SUPPORT FOR RESIDENTS)
VUMC33556-R	MNGH/MEHARRY: AFFILIATION ADDENDUM (NEUROLOGY SERVICES PROVIDED BY MEHARRY)(Singh)
VUMC33557-R	MNGH/MEHARRY: AFFILIATION ADDENDUM (UROLOGY FACULTY SERVICES)
VUMC31495-R	HARBIN CLINIC: Hemodialysis and Transplant Agreement
VUMC33479-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS : SUMITOMO ELECTRIC WIRING SYSTEMS
VUMC34184-R	VICCAF: PROSTACARE
VUMC32475-R	POISON PREVENTION: GATEWAY MEDICAL CENTER
VUMC32331-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS : CREDENTIALING CORPORATION OF AMERICA
VUMC32052-R	POISON PREVENTION: UNICOI COUNTY MEMORIAL HOSPITAL
VUMC33741-R	LIFEFLIGHT: FLIGHT VECTOR COMPUTER AIDED DISPATCH SOFTWARE
VUMC31929-R	AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION REGISTRY (ACC-NCDR) / (Center # 201-485-0000)
VUMC32607-R	PROVIDER ENROLLMENT AGREEMENT: VANDERBILT IMAGING SERVICES LLC, DBA HILLSBORO IMAGING
VUMC34068-R	BACKFIELD IN MOTION YOUTH FOOTBALL LEAGUE: ATHLETIC TRAINER
VUMC32615-R	MUSIC CITY CREMATORY SERVICES
VUMC33536-R	POISON PREVENTION, SKYRIDGE MEDICAL CENTER
VUMC33821-R	POISON PREVENTION: REGIONAL MEDICAL CENTER AT MEMPHIS
VUMC31489-R	MODEL: POISON PREVENTION MEMBERSHIP AGREEMENT
VUMC33734-R	MODEL: VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS : PERSONAL TRAINER AGREEMENT
VUMC34631-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS : C.R. Gibson
VUMC34636-R	MUTUAL AGREEMENT FOR EMERGENCY PATIENT TRANSFER
VUMC34661-R	MADISON CLINIC CORPORATION: TELEPHONE TRIAGE
VUMC34672-R	SPINDLER, KURT/NASHVILLE SPORTS COUNCIL
VUMC34685-R	METRO GOVERNMENT: HOSPITAL DIVERSION POLICY MOU
VUMC34902-R	UNIVERSITY OF TENNESSEE - MEMPHIS: STUDENT HEALTH SERVICES
VUMC35030-R	LONE STAR CONSULTING SERVICES, INC/D/B/A MES PEER REVIEW SERVICES
VUMC35092-R	TELE-TRACKING (PITTSBURG): LICENSE AGREEMENT
VUMC35164-R	RICHARDS, WILLIAM/ACS BARIATRIC SURGERY CENTER PARTICIPATION AGREEMENT
VUMC35217-R	POISON PREVENTION: MERCY HEALTH PARTNERS, INC.
VUMC35345-R	OKULICK, JOHN: ARTWORKS
VUMC35370-R	REGION III GIRLS SOCCER TOURNAMENT - ATHLETIC TRAINER
VUMC35425-R	OMNICELL INC./SOFTWARE LICENSE AGREEMENT
VUMC35728-R	GLASSFORD, DONNA /ART LOAN AGREEMENT/PRIVATE COLLECTION PIECE (LOUISE CALVIN)
VUMC35906-R	SPINDLER, KURT/ALLTRAX TIMING
VUMC35958-R	BIESEMEIER, CHRIS (CHRISTINA)/ WIC SERVICES AGREEMENT
VUMC36011-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS: PIC NORTH AMERICA
VUMC36095-R	GREGORY, DAVID F./PHARMACY ONESOURCE
VUMC36248-R	HUFFINES, STEPHEN/MCCREADIE GROUP, INC.
VUMC36252-R	RAINBOW KIDS:TELEPHONE TRIAGE
VUMC36257-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS /ICON CLINICAL RESEARCH, INC
VUMC36261-R	MODEL: SPORTS MEDICINE
VUMC36335-R	LIFEFLIGHT; COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS (CAMTS)
VUMC36359-R	WOODS, WALT/EMPOROS SYSTEMS CORPORATION/SOFTWARE LICENSE AGREEMENT
VUMC36363-R	VUMC: CORPORATE FLIGHT MANAGEMENT, INC
VUMC36376-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS:CORPORATE HEALTH PARTNERS INC
VUMC36404-R	JOINT COMMISSION RESOURCES: BUSINESS ASSOCIATE AGREEMENT
VUMC36440-R	APOGEE INFORMATICS; SOFTWARE LICENSE AGREEMENT
VUMC36448-R	CONCENTRA:DRUG AND ALCOHOL TESTING SERVICES FOR EXTERNAL (NON-VANDERBILT) EMPLOYEES
VUMC36472-R	POISON PREVENTION: METHODIST LEBONHEUR HEALTHCARE

VUMC36489-R	VUMC: MAURY COUNTY REGIONAL AIRPORT ATHORITY (LIFE FLIGHT HANGER LEASE)
VUMC36539-R	CONCENTRA: DRUG & ALCOHOL TESTING (VANDERBILT EMPLOYEES)
VUMC36543-R	CORPORATE RELATIONS:VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS/TRACTOR SUPPLY
VUMC36611-R	VICCAF; BAA FOR RADIATION ONCOLOGY
VUMC36667-R	BELMONT UNIVERSITY: CLINICAL PHARMACY SERVICES
VUMC36668-R	LIPSCOMB UNIVERSITY: CLINCAL PHARMACY SERVICES
VUMC36676-R	CHILD LIFE: CHEROKEE COUNTY SCHOOL DISTRICT
VUMC36694-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS/SOUTHWESTERN COMMUNICATION INC.
VUMC36725-R	CORPORATE RELATIONS: VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS / DELEK US HOLDINGS (MAPCO)
VUMC36748-R	LIFEFLIGHT: LEBANON MUNICIPAL AIRPORT (HANGAR LEASE)
VUMC36758-R	BENEGAS, MANUEL/TEXAS MEDICAL INSTITUTE OF TECHNOLOGY
VUMC36812-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS: T. RAD EXECUTIVE PHYSICAL PROGRAM
VUMC36828-R	SPINDLER, KURT: XCELERATE LACROSSE - EVENT MEDICAL COVERAGE
VUMC36882-R	MNGH/MEHARRY: AFFILIATION ADDENDUM (CARDIOLOGY RESIDENTS)
VUMC36906-R	SPINDLER, KURT/SOUTHWEST NASHVILLE FOOTBALL LEAGUE/SPORTS MEDICINE
VUMC36907-R	GLASSFORD, DONNA/ART LOAN AGREEMENT/PRIVATE COLLECTION PIECE/JEAN GAULD-JAEGER
VUMC36937-R	NEONATAL UNIT/PROFESSIONAL SERVICES AGREEMENT: JACKSON-MADISON COUNTY GENERAL HOSPITAL
VUMC36950-R	SPINDLER, KURT/NASHVILLE CHRISTIAN SCHOOL - SPORTS MEDICINE PROGRAM
VUMC36951-R	SPINDLER, KURT/CURRY INGRAM ACADEMY - SPORTS MEDICINE PROGRAM
VUMC36985-R	TULLY, RHONDA/NUANCE COMMUNICATIONS, INC.
VUMC37025-R	CHILD LIFE:GRAINGER COUNTY SCHOOLS
VUMC37195-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS : HEALTH & FITNESS CONCEPTS
VUMC37197-R	CORPORATE RELATIONS :VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS:FIRST ACCEPTANCE, CORP.
VUMC37213-R	CORPORATE RELATIONS :VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS: LOUISIANA PACIFIC CORP.
VUMC37325-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS :R.R. DONNELLY & SONS
VUMC37459-R	CORPORATE RELATIONS / VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS : COMCAST CORPORATION
VUMC37491-R	CHILD LIFE: CLAY COUNTY SCHOOL SYSTEM
VUMC37494-R	FRANGOUL, HAYDAR/BLOOD ASSURANCE, INC./COLLECTION CENTER/NATIONAL MARROW DONOR PROGRAM (NMDP) PROCEDURES OF INTERACTION
VUMC37514-R	FRANGOUL,HAYDAR/NMDP NORTHCENTERAL 039/APHERESIS CENTER/NATIONAL MARROW DONOR PROGRAM (NMDP) PROCEDURES OF INTERACTION
VUMC37581-R	FRANGOUL,HAYDAR/NMDP NORTHCENTRAL 039//COLLECTION CENTER/NATIONAL MARROW DONOR PROGRAM (NMDP) PROCEDURES OF INTERACTION
VUMC37582-R	FRANGOUL, HAYDAR/BLOOD ASSURANCE, INC./APHERESIS CENTER/NATIONAL MARROW DONOR PROGRAM (NMDP) PROCEDURES OF INTERACTION
VUMC37619-R	SOFTWARE LICENSE AGREEMENT - 3M
VUMC37659-R	OSSOFF, ROBERT/HAYES MANAGEMENT CONSULTING/MDAUDIT HOSPITAL SOFTWARE LICENSE AGREEMENT
VUMC37660-R	AGARWAL,ANITA/EMMES CORPORATION/ NOTAL VISION / IRB#101127
VUMC37661-R	HOSKINS, TIMOTHY/USBA - SPORTS MEDICINE PROGRAM
VUMC37696-R	EMDEON BUSINESS SERVICES
VUMC37788-R	HOSKINS, TIMOTHY/BRENTWOOD BOYS AND GIRLS LACROSSE CLUB: EVENT MEDICAL COVERAGE
VUMC37789-R	HOSKINS, TIMOTHY/FRANKLIN BOYS LACROSSE CLUB: EVENT MEDICAL COVERAGE
VUMC37790-R	HOSKINS, TIMOTHY/FRANKLIN GIRLS LACROSSE CLUB: EVENT MEDICAL COVERAGE
VUMC37791-R	RAVENWOOD BOYS LACROSSE CLUB:SPORTS MEDICINE
VUMC37792-R	RAVENWOOD GIRLS LACROSSE CLUB: SPORTS MEDICINE
VUMC37799-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS : ENERGY DEVELOPMENTS
VUMC37800-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS : WHIRLPOOL
VUMC38049-R	LWALA COMMUNITY ALLIANCE
VUMC38144-R	SPINDLER, KURT/SHCURMANS NATIONAL UNDERCLASSMAN COMBINE
VUMC38160-R	TENNESSEE KIDNEY CENTER OF HIGHWAY 58: DIALYSIS
VUMC38258-R	VA: BIOSTATISTICS COLLABOTATING CENTER
VUMC38279-R	SMITH, TERRELL/STATE OF TN/PROJECT OPPORTUNITY-TRAINING(33136-00912)
VUMC38321-R	NEWSON, ADRIAN/VARIAN MEDICAL SYSTEMS, INC.
VUMC38359-R	GLASSFORD, DONNA/ART LOAN AGREEMENT/PRIVATE COLLECTION OF JOHN MILLER
VUMC38494-R	NASHVILLE GENERAL HOSPITAL (NGHM) @ MEHARRY: AFFILIATION ADDENDUM (UROLOGY FACULTY SERVICES)
VUMC38526-R	RUFFING, LEE ANN/SOUTHEASTERN REGIONAL PEDIATRIC DISASTER SURGE RESPONSE NETWORK
VUMC38537-R	HOSKINS, TIMOTHY/MIDDLE TENNESSEE STATE UNIVERSITY
VUMC38554-R	FRANGOUL, HAYDAR/BMT 1158 CORD BLOOD TRANSPLANTS/NATIONAL MARROW DONOR PROGRAM (NMDP)(10-CBA)
VUMC38561-R	WILLIAMSON COUNTY PUBLIC SCHOOLS: ATHLETIC TRAINER
VUMC38596-R	SAFE KIDS CUMBERLAND VALLEY: LEAD INSTITUTION AGREEMENT WITH SAFE KIDS USA
VUMC38601-R	MODEL:CHILD PASSENGER SAFETY SEAT TRAINING
VUMC38640-R	CHILD LIFE: KINGSPORT CITY SCHOOLS
VUMC38654-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS : WELBORN HEALTH PLANS: BIOMETRIC SCREENINGS
VUMC38670-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS : BROADCAST MUSIC INC.
VUMC38682-R	BICHELL, TERRY JO: ROBERTSON COUNTY SCHOOLS
VUMC38749-R	CORPORATE RELATIONS/VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS :LIPMAN BROTHERS R.S. LIPMAN COMPANY
VUMC38752-R	CHILD LIFE: WESTERN KENTUCKY UNIVERSITY (Internship/Externship)
VUMC38753-R	HOSKINS, TIMOTHY/FREEDOM MIDDLE SCHOOL; SPORTS MEDICINE PROGRAM
VUMC38754-R	HOSKINS, TIMOTHY/THE BRENTWOOD BLAZE; SPORTS MEDICINE PROGRAM
VUMC38765-R	CORPORATE RELATIONS: VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS : DOLLAR GENERAL CORPORATION
VUMC38766-R	CORPORATE RELATIONS: VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS: NEAL & HARWELL PLC
VUMC38901-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS:MIDWEST OCCUPATIONAL MEDICINE
VUMC38912-R	SUMNER REGIONAL MEDICAL CENTER, LLC:PEDIATRIC TRAINING AGREEMENT
VUMC38987-R	LEBONHEUR CHILDREN'S HOSPITAL/OUTBOUND PEDS PATIENT TRANSFER
VUMC38999-R	HOFFNER, PAM/NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF
VUMC39059-R	SPECIALISTS ON CALL:NETWORK SERVICES AGREEMENT
VUMC39265-R	COMPREHENSIVE CARE CENTER(CCC):UNITED WAY OF NASHVILLE
VUMC39267-R	COMPREHENSIVE CARE CENTER(CCC):STATE OF TN
VUMC39340-R	BROWN,REBEKAH/SEATTLE CHILDREN'S HOSPITAL/(GOAL-OB-11)
VUMC39347-R	CHILD LIFE: LOYOLA UNIVERSITY
VUMC39372-R	RIVER PARK HOSPITAL: PATIENT TRANSFER AGREEMENT
VUMC39373-R	NORTHCREST HOSPITAL: PATIENT TRANSFER AGREEMENT
VUMC39374-R	WILLIAMSON COUNTY MEDICAL CENTER: PATIENT TRANSFER AGREEMENT
VUMC39381-R	HOSKINS, TIMOTHY/COUGAR LACROSSE CLUB
VUMC39391-R	Centennial High School Girls Lacrosse: Sports Medicine Services
VUMC39392-R	Poplar Grove Middle School: Sports Medicine Services
VUMC39417-R	Haverstick, Sarah/SIDS of Pennsylvania

VUMC39491-R	Steaban, Robin /Society of Thoracic Surgeons and American College of Cardiology Foundation
VUMC39541-R	Slayton, Jennifer/Ohio Children's Hospital Patient Safety
VUMC39614-R	Hermitage Hall: Peds Patient Transfer
VUMC39616-R	Cumberland Heights:Peds Transfer Agreement
VUMC39636-R	American College of Surgeons (ACS) National Surgical Quality Improvement Program
VUMC39657-R	Hoskins, Timothy/The Franklin Baseball Club - Sports Medicine
VUMC39739-R	Sidonio, Robert/The Children's Mercy Hospitals and Clinics
VUMC39744-R	Child Life: Clemson University (Internship/Externship)
VUMC39745-R	Miller Mark/Nashville Sounds
VUMC39799-R	Bella Baby Photography of Ohio, LLC
VUMC39815-R	Child Life: Coffee County Schools
VUMC40023-R	Bellamy, Dennis/Tennessee Soccer Club
VUMC40025-R	Woods, Walter /McKesson EnterpriseRx
VUMC40043-R	Ancillary Service Agreement: Metro Nashville General Hospital
VUMC40058-R	Woods, Walter/Intercon Associates Inc
VUMC40059-R	Woods, Walter/ Two Point Conversions Inc.
VUMC40070-R	Mt Juliet Middle School: Sports Medicine
VUMC40151-R	Pilon, Bonnie/ABLE Families - MIHOW
VUMC40152-R	Pilon, Bonnie/Catholic Charities Inc. - MIHOW
VUMC40153-R	Pilon, Bonnie/Friends of Children of Mississippi, Inc. (FOC) - MIHOW
VUMC40155-R	Pilon, Bonnie/New River Health Association (NRHA) - MIHOW
VUMC40156-R	Clinton, Barbara/Ohio Child Welfare Service - MIHOW
VUMC40157-R	Pilon, Bonnie/Northern Panhandle Head Start (NPHS) - MIHOW
VUMC40158-R	Pilon, Bonnie/PACE Head Start, Inc. - MIHOW
VUMC40159-R	Pilon, Bonnie/Red Bird Misson - MIHOW
VUMC40161-R	Hoskins, Timothy/Brentwood Middle School - ImPACT
VUMC40162-R	Hoskins, Timothy/Spring Station Middle School - ImPACT
VUMC40178-R	Bio-Medical Applications of Virginia, Inc. (Fresenius Medical Care of Mountain Empire Dialysis in Norton, VA)VA1: Kidney-renal Transplant
VUMC40190-R	Bio-Medical Applications of Virginia, Inc. (Fresenius Medical Care of Abingdon Dialysis in Abingdon, VA (VA2): Kidney/Dialysis
VUMC40207-R	Clinton, Barbara/Healthy Life for Healthy Families - MIHOW
VUMC40324-R	Scott, Freda/3M/Coding Review Agreement
VUMC40342-R	VSRH: Medical Director Agreement/Physical Medicine and Rehabilitation
VUMC40365-R	Child Life: Hamilton County Department of Education
VUMC40403-R	METROPOLITAN BOARD OF EDUCATION: CPR TRAINING
VUMC40445-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS:Total Fitness Connection
VUMC40464-R	CORPORATE RELATIONS : VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS: The General Agencies of the United Methodist Church
VUMC40465-R	CORPORATE RELATIONS : VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS:Genesco, Inc.
VUMC40495-R	Farringer, Deborah/National HealthCare Corporation
VUMC40519-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS:Irving Materials
VUMC40534-R	Child Life: Clarksville Montgomery County Schools
VUMC40570-R	Hoskins, Timothy/Page Middle School PTO - C/O the Page Athletic Club (PAC)
VUMC40707-R	Hoskins, Timothy/The Sunset Middle School Boys Lacrosse Program
VUMC40762-R	NorthCrest Medical Center (OBGYN)/Professional Service Agreement
VUMC40784-R	Slayton, Jennifer/Child Health Patient Safety Organization
VUMC40801-R	POISON PREVENTION: Dekalb Community Hospital
VUMC40840-R	Thompson, Reid/Semmes-Murphy Clinic, P.C.
VUMC40841-R	Bellamy, Dennis/Without Limits (Ultimate Frisbee Tournament)
VUMC40848-R	Zutter, Mary/ US Oncology
VUMC40946-R	CHILD LIFE: McCracken County Public Schools
VUMC40971-R	CORPORATE RELATIONS :VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS: BlueCross BlueShield of TN
VUMC40972-R	VANDERBILT DAYANI CENTER, HEALTH AND WELLNESS:University Community Health Services
VUMC41058-R	Bellamy, Dennis/Vanderbilt Men's Ultimate Frisbee Tournament
VUMC41091-R	Richardson, Rondal/Lady A Entertainment LLC ("LAE")
VUMC41112-R	Higgins, Ed/Competitor Group, Inc. (2013 Country Music Marathon)
VUMC41162-R	Dyersburg Regional Medical Center: Patient Transfer Agreement
VUMC41163-R	West Tennessee Healthcare: PATIENT TRANSFER AGREEMENT
VUMC41189-R	Peds Patient Transfer Agreement - Medical Center at Scottsville
VUMC41296-R	Hoskins, Timothy/Tennessee Scholastic Lacrosse Association - Sports Medicine
VUMC41311-R	Prof. Service agreement - Gen. Counsel/Northcrest Medical Center
VUMC41313-R	Hudson, Julie/American Diabetes Association
VUMC41317-R	License Agreement - Vanderbilt University/ Williamson Medical Center
VUMC41375-R	CHILD LIFE: Rhodes College
VUMC41429-R	Bellamy, Dennis/St. Cecilia Academy
VUMC41438-R	Data Use Agreement: Slayton, Jennifer/University of Michigan
VUMC41474-R	Collins, Theresa/National board of Certification for Medical Interpreters
VUMC41481-R	Bellamy, Dennis/Tennessee Secondary School Athletic Association
VUMC41483-R	ART THERAPY: Saint Mary of the Woods College
VUMC41502-R	License Agreement: Vanderbilt University/Maury Regional Medical Center
VUMC41503-R	Administrative Services Agreement: VUMC/NorthCrest Medical Center
VUMC41509-R	NASHVILLE GENERAL HOSPITAL (NGHM) @ MEHARRY: AFFILIATION ADDENDUM (RHEUMATOLOGY FACULTY SERVICES)
VUMC41593-R	POISON PREVENTION: NorthCrest Medical Center
VUMC41634-R	License Agreement: Vanderbilt University/NorthCrest Medical Center
VUMC41636-R	VSRH: Program Director Agreement - Brain Injury program (Dr. Sooja Cho)
VUMC41660-R	Bellamy, Dennis/Hendersonville Soccer Club
VUMC41661-R	Hoskins, Timothy/The Franklin Cowboys
VUMC36757-R	MASTER: VICC: LUNG CANCER STUDIES/ADDARIO LUNG CANCER MEDICAL INSTITUTE
VUMC36859-R	VICC: GILBERT, JILL/(HN 1017)/NOVARTIS/UNIVERSITY OF CHICAGO
VUMC38004-R	VEENSTRA-VANDER WEELE /SEASIDE THERPEUTICS, LLC/PROTOCOL#209FX302
VUMC38941-R	SANDERS, KEVIN B,/COVANCE (CRO)/GENETECH-ROCHE/PROTOCOL # NP27936
VUMC39058-R	WAGNER, CHAD EDWARD/COVIDIEN
VUMC40543-R	Brown, Rebekah/Genentech, Inc.
VUMC40598-R	Utz, Andrea/Novartis Pharmaceuticals
VUMC40688-R	Dummer, John/ViroPharma Incorporated

VUMC40747-R	VICC: Mayer, Ingrid (BRE 12116)/PRA INternational (CRO)/ Aragon Pharmaceuticals/Protocol # ARN-810-001
VUMC40810-R	Newhouse, Paul/Elan Pharmaceuticals, Inc.
VUMC41016-R	Chung,Chan/Vital Therapies Incorporated/Protocol # VTI-208
VUMC41053-R	VICC: Sosman, Jeffrey(MEL 1310)/Novartis
VUMC41099-R	Abramson, Vandana /Genentech, Inc. (BRE 1320)
VUMC41137-R	Williams, Brandon/Medtronic
VUMC8537	VMG: EMDEON CORPORATION

Attachment C.Contribution to the Orderly Development of Healthcare.7.c

Licensure & Accreditation

Vanderbilt University Hospital and The Vanderbilt Clinic

Nashville, TN

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Hospital Accreditation Program

July 28, 2012

Accreditation is customarily valid for up to 36 months.

David A. Whiston, D.D.S.
Chairman of the Board

Organization ID #: 7892
Print/Reprint Date:

Mark Chassin, M.D.
President

The Joint Commission is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

Board for Licensing Health Care Facilities

State of Tennessee

0000000027

No. of Beds 1025

DEPARTMENT OF HEALTH

This is to certify, that a license is hereby granted by the State Department of Health to

VANDERBILT UNIVERSITY *to conduct and maintain a*

Hospital VANDERBILT UNIVERSITY HOSPITALS

Located at 1161 21ST. AVE. SOUTH, MCN-AA-1204, NASHVILLE

County of DAVIDSON *, Tennessee.*

This license shall expire APRIL 29 , 2014 , *and is subject to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable, and shall be subject to revocation at any time by the State Department of Health, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.*

In Witness Whereof, we have hereunto set our hand and seal of the State this 29TH *day of* APRIL , 2013 .

In the Distinct Category(ies) of:
GENERAL HOSPITAL
PEDIATRIC CPRC HOSPITAL
TRAUMA CENTER LEVEL 1

By Vincent J. Dargan, MPH
DIRECTOR, DIVISION OF HEALTH CARE FACILITIES

By
COMMISSIONER

Attachment C.Contribution to the Orderly Development of Healthcare.7.d

Licensure Certification & Plan of Correction

The Joint Commission

April 27, 2012

Wright Pinson, MBA, MD
Deputy Vice Chancellor for Health Affairs,
CEO
Vanderbilt University Hospital and The
Vanderbilt Clinic
1211 22nd Avenue South
Nashville, TN 37232-2101

Joint Commission ID #: 7892
Program: Advanced Primary Stroke Center
Certification Activity: 45-day Evidence of
Standards Compliance
Certification Activity Completed: 04/27/2012

Dear Dr. Pinson:

The Joint Commission would like to thank your organization for participating in the certification process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the certification process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization a Passed Certification decision for all services reviewed under the applicable manual noted below:

- Disease Specific Care Certification Manual

This certification cycle is effective beginning March 14, 2012. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 24 months.

Please visit Quality Check® on The Joint Commission web site for updated information related to your certification decision.

We encourage you to share this certification decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the state or regional regulatory services, and the public you serve of your organization's certification decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Ann Scott Blouin RN, PhD

Ann Scott Blouin, RN, Ph.D.
Executive Vice President
Accreditation and Certification Operations

The Joint Commission

April 20, 2012

Wright Pinson, MBA, MD
Deputy Vice Chancellor for Health Affairs,
CEO
Vanderbilt University Hospital and The
Vanderbilt Clinic
1211 22nd Avenue South
Nashville, TN 37232-2101

Joint Commission ID #: 7892
Program: Advanced Ventricular Assist Device
Certification Activity: Initial Full Event
Certification Activity Completed: 04/20/2012

Dear Dr. Pinson:

The Joint Commission would like to thank your organization for participating in the certification process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the certification process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization a Passed Certification decision for all services reviewed under the applicable manual noted below:

- Disease Specific Care Certification Manual

This certification cycle is effective beginning April 21, 2012. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 24 months.

Please visit Quality Check® on The Joint Commission web site for updated information related to your certification decision.

We encourage you to share this certification decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's certification decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Ann Scott Blouin RN, PhD

Ann Scott Blouin, RN, Ph.D.
Executive Vice President
Accreditation and Certification Operations

The Joint Commission

October 17, 2012

Wright Pinson, MBA, MD
Deputy Vice Chancellor for Health Affairs,
CEO
Vanderbilt University Hospital and The
Vanderbilt Clinic
1211 22nd Avenue South
Nashville, TN 37232-2101

Joint Commission ID #: 7892
Program: Behavioral Health Care Accreditation
Accreditation Activity: 60-day Evidence of
Standards Compliance
Accreditation Activity Completed: 10/05/2012

Dear Dr. Pinson:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Behavioral Health Care

This accreditation cycle is effective beginning July 24, 2012. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

Please visit Quality Check® on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark Pelletier

Mark G. Pelletier, RN, MS
Chief Operating Officer
Division of Accreditation and Certification Operations

The Joint Commission

November 15, 2012

Wright Pinson, MBA, MD
Deputy Vice Chancellor for Health Affairs,
CEO
Vanderbilt University Hospital and The
Vanderbilt Clinic
1211 22nd Avenue South
Nashville, TN 37232-2101

Joint Commission ID #: 7892
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of
Standards Compliance
Accreditation Activity Completed: 11/09/2012

Dear Dr. Pinson:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning July 28, 2012. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

Please visit Quality Check® on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark Pelletier

Mark G. Pelletier, RN, MS
Chief Operating Officer
Division of Accreditation and Certification Operations

The Joint Commission

November 15, 2012

Re: # 7892
CCN: #440039
Program: Hospital
Accreditation Expiration Date: July 28, 2015

Wright Pinson
Deputy Vice Chancellor for Health Affairs, CEO
Vanderbilt University Hospital and The Vanderbilt Clinic
AA 1204 MCN, 1161 21st Ave. S.
Nashville, Tennessee 37232-2101

Dear Dr. Pinson:

This letter confirms that your July 23, 2012 - July 27, 2012 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on September 28, 2012, October 05, 2012, October 23, 2012 and November 02, 2012 and the successful on-site Medicare Deficiency Follow-up event conducted on September 06, 2012, the areas of deficiency listed below have been removed. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of July 28, 2012. We congratulate you on your effective resolution of these deficiencies.

§482.12 Condition of Participation: Governing Body
§482.41 Condition of Participation: Physical Environment

The Joint Commission is also recommending your organization for continued Medicare certification effective July 28, 2012. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

Hemodialysis Clinic East
20 Rachel Drive, Nashville, TN, 37214

Patterson Medical Clinic
1020 South Main Street. Ste B, Franklin, KY, 42134

Sleep Lab
Marriott @ Vanderbilt, 2555 West End Ave, Nashville, TN, 37203

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice

The Joint Commission

Vanderbilt at One Hundred Oaks
719 Thompson Lane, Nashville, TN, 37204

Vanderbilt Bone & Joint Surgery Center
225 Bedford Way, Franklin, TN, 37064

Vanderbilt Bone & Joint Clinic
206 Bedford Way, Franklin, TN, 37064

Vanderbilt Brentwood Primary Care Clinic
343 Franklin Road Suite 101, Brentwood, TN, 37027

Vanderbilt Center for Women's Imaging
3319 West End Avenue - Suite 650, Nashville, TN, 37203

Vanderbilt Eye Institute - Lebanon
1670 West Main St., Suite #100, Lebanon, TN, 37087

Vanderbilt Eye Institute - Murfreesboro
1821 Heritage Park Plaza, Murfreesboro, TN, 37129

Vanderbilt Eye Institute at Bellevue
7640 Highway 70 South, Suite 100, Nashville, TN, 37221

Vanderbilt Eye Institute at Franklin
100 Covey Drive, Suite 107, Franklin, TN, 37067

Vanderbilt Franklin Women's Center
4155 Carothers Parkway, Franklin, TN, 37067

Vanderbilt Heart - Pulaski
1265 College St., Suite 2-A, Pulaski, TN, 38478

Vanderbilt Heart at Murfreesboro
1370 Gateway Blvd. Suite 210, Murfreesboro, TN, 37129

Vanderbilt Heart at Williamson Medical Center
4323 Carothers Parkway; 405, Franklin, TN, 37067

Vanderbilt Heart at Winchester
1397 South College Street, Suite 1, Winchester, TN, 37398

Vanderbilt Ingram Cancer Center - Green Hills
3810 Bedford Ave., Suite 100, Nashville, TN, 37215

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice

The Joint Commission

Vanderbilt Medical Group - Westhaven
1025 Westhaven Boulevard, Franklin, TN, 37064

Vanderbilt Medical Group at Clarksville
647 Dunlap Lane, Clarksville, TN, 37040

Vanderbilt Medical Group at Columbia
1220 Trotwood Ave., Columbia, TN, 38401

Vanderbilt Medical Group at Coolsprings Blvd.
324 Coolsprings Blvd., Franklin, TN, 37064

Vanderbilt Medical Group at Green Hills
2002 Richards Jones Road Suite B-300, Nashville, TN, 37215

Vanderbilt Medical Group at Green Hills Village Way
3841 Green Hills Village Way, Nashville, TN, 37215

Vanderbilt Medical Group at Lebanon
1420 Baddour Parkway, Lebanon, TN, 37087

Vanderbilt Medical Group at Shelbyville
200 Dover St., Shelbyville, TN, 37160

Vanderbilt Medical Group at Springhill
3098 Campbell Station Parkway, Spring Hill, TN, 37174

Vanderbilt Medical Group at West End Ave.
2611 West End Ave., Nashville, TN, 37203

Vanderbilt Orthopedics - Wilson County
5002 Crossings Circle, Suite 230, Mount Juliet, TN, 37122

Vanderbilt Rheumatology Clinic
2001 Mallory Lane, Suite 100, Franklin, TN, 37067

Vanderbilt Sleep Disorders Center - Franklin
650 Bakers Bridge Avenue, Franklin, TN, 37067

Vanderbilt University Hospital and The Vanderbilt Clinic
1211 21st Avenue South, Nashville, TN, 37232-2101

Vanderbilt Williamson County Clinics at Coolsprings
2009 Mallory Lane, Franklin, TN, 37067

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice

The Joint Commission

Vanderbilt Williamson County Clinics at Edward Curd Lane
2105 Edward Curd Lane, Franklin, TN, 37067

Vanderbilt Williamson County Clinics at the Brentwood Shoppe
782 Old Hickory Blvd., Brentwood, TN, 37027

Vanderbilt Williamson County Clinics at the Walk-in
919 Murfreesboro Road, Franklin, TN, 37067

Vanderbilt-Ingram Cancer Center at Northcrest
500 Northcrest Drive, Suite 521, Springfield, TN, 37172

We direct your attention to some important Joint Commission policies. First, your Medicare report is publicly accessible as required by the Joint Commission's agreement with the Centers for Medicare and Medicaid Services. Second, Joint Commission policy requires that you inform us of any changes in the name or ownership of your organization, or health care services you provide.

Sincerely,

Mark Pelletier

Mark G. Pelletier, RN, MS
Chief Operating Officer
Division of Accreditation and Certification Operations

cc: CMS/Central Office/Survey & Certification Group/Division of Acute Care Services
CMS/Regional Office 4 /Survey and Certification Staff

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice

Dozier, Cheryl A

From: Cha, Ellen <ECha@jointcommission.org>
Sent: Monday, September 24, 2012 9:46 AM
To: Conatser, Paige; Hofstetter, Patricia; Dozier, Cheryl A
Subject: Emailing: Report

Good Morning,

Here is the ESC 45.

Thank you,

Vanderbilt University Hospital and The Vanderbilt Clinic

Organization ID: 7892

1211 22nd Avenue SouthNashville, TN 37232-2101

Accreditation Activity - 45-day Evidence of Standards Compliance Form

Due Date: 9/22/2012

HAP Standard EC.02.03.01 The hospital manages fire risks.

Findings: EP 1 Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. During the building tour it was observed in the elevator penthouse of the Children Hospital, the cover panel was not installed on a high voltage bus power supply and therefore did not minimize the potential for harm from fire and smoke. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. During the building tour it was observed in the B 405 mechanical room of the VUH building, high voltage wires were exposed in an electrical junction box which did not have a cover plated installed and therefore did not minimize the potential for harm from fire and smoke. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. During the building tour it was observed in electrical room # 2204 of the VUH building, high voltage wires were exposed in an electrical junction box which did not have a cover plated installed and therefore did not minimize the potential for harm from fire and smoke. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. During the building tour it was observed on the 1st floor CCT elevator lobby, above the ceiling, high voltage wires were exposed in an electrical box with the cover door opened and therefore did not minimize the potential for harm from fire and smoke.

Elements of Performance:

1. The hospital minimizes the potential for harm from fire, smoke, and other products of combustion.

Scoring Category: CCorrective Action Taken:
WHO:

Assistant Vice Chancellor for Facilities and Construction; Director Operations & Compliance for Medical Center Plant Services

WHAT:

1. Installed cover panel on high voltage bus power supply in elevator penthouse of Children's Hospital. 2. Installed cover plate on open junction box in VUH building mechanical room B405 and electrical room #2204. 3. Installed cover door on open electrical box above ceiling of 1st floor CCT elevator lobby.

WHEN:

7/27/2012

HOW:

1. The Children's Hospital elevator penthouse controller cover was replaced by the elevator service company technician. 2. A work order (#591963) was completed by the Electric Shop staff for the VUH and CCT locations referenced. 3. Reviewed the standardized process for above ceiling permit program. Work was completed by certified staff.

HAP Standard EC.02.03.05 **The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.**

Findings: EP 4 Â§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101Â®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes. This Standard is NOT MET as evidenced by: Â§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101Â®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park,

Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes. This Standard is NOT MET as evidenced by: Observed in Document Review at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the document review it was observed that at time of survey the hospital did not every 12 months, test all fire alarm devices such as visual alarms, audio alarms and speakers. At time of survey the hospital did not have the visual/audio alarm # 1 located in the VUH generator room listed in the device inventory. At time of survey the hospital did not have documentation of the audio/visual alarm # 1 located in the VUH generator room being tested and inspected every 12 months. At time of survey the hospital did not have documentation of this device being testing in installed or tested in 2010, 2011 or 2012. During the document review the hospital's plant operation director told the life safety surveyor and the team leader surveyor that at time of survey the hospital did not have an accurate inventory of all fire alarm devices. Observed in Document Review at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the document review it was observed that at time of survey the hospital did not every 12 months, test all fire alarm devices such as visual alarms, audio alarms and speakers. At time of survey the hospital did not have the visual/audio alarm # 2 located in the VUH generator room listed in the device inventory. At time of survey the hospital did not have documentation of the audio/visual alarm # 2 located in the VUH generator room being tested and inspected every 12 months. At time of survey the hospital did not have documentation of this device being testing in installed or tested in 2010, 2011 or 2012. During the document review the hospital's plant operation director told the life safety surveyor and the team leader surveyor that at time of survey the hospital did not have an accurate inventory of all fire alarm devices. Observed in Document Review at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the document review it was observed that at time of survey the hospital did not every 12 months, test all fire alarm devices such as visual alarms, audio alarms and speakers. At time of survey the hospital did not have the visual/audio alarm located in the VUH room 4148 A listed in the device inventory. At time of survey the hospital did not have documentation of the audio/visual alarm located in the VUH room 4148 A being tested and inspected every 12 months. At time of survey the hospital did not have documentation of this device being in installed or tested in 2010, 2011 or 2012. During the document review the hospital's plant operation director told the life safety surveyor and the team leader surveyor that at time of survey the hospital did not have an accurate inventory of all fire alarm devices. Observed in Document Review at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the document review it was observed that at time of survey the hospital did not every 12 months, test all fire alarm devices such as visual alarms, audio alarms and speakers. At time of survey the hospital did not have the visual/audio alarm located in the VUH room 4148 B listed in the device inventory. At time of survey the hospital did not have documentation of the audio/visual alarm located in the VUH room 4148 B being tested and inspected every 12 months. At time of survey the hospital did not have documentation of this device being in installed or tested in 2010, 2011 or 2012. During the document review the hospital's plant operation director told the life safety surveyor and the team leader surveyor that at time of survey the hospital did not have an accurate inventory of all fire alarm devices. Observed in Document Review at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the document review it was observed that at time of survey the hospital did not every 12 months, test all fire alarm devices such as visual alarms, audio alarms and speakers. At time of survey the hospital did not have the visual/audio alarm located in the VUH room 4148 mens/ladies rest room listed in the device inventory. At time of survey the hospital did not have documentation of the audio/visual alarm located in the VUH room 4148 mens/ladies rest room being tested and inspected every 12 months. At time of survey the hospital did not have documentation of this device being in installed or tested in 2010, 2011 or 2012. During the document review the hospital's plant operation director told the life safety surveyor and the team leader surveyor

that at time of survey the hospital did not have an accurate inventory of all fire alarm devices.

Elements of Performance:

4. Every 12 months, the hospital tests visual and audible fire alarms, including speakers. The completion date of the tests is documented. Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).

Scoring Category: CCorrective Action Taken:

WHO:

Assistant Vice Chancellor for Facilities and Construction,Director Operations & Compliance for Medical Center Plant Services

WHAT:

1. Added audio visual alarm #1 and alarm #2 located in the VUH generator room, VUH Room 4148A, VUH Room 4148B, and VUH Room 4148 Men's/Ladies Restroom into the device inventory. 2. Added the identified devices to the Preventive Maintenance (PM) System and performed PM on the devices. 3. Verified inventory of all audio visual alarm devices located VUH Generator Room. 4. Conducted audit of inventory of audio visual alarms for accuracy by consultant. 5. Developed standard operating process "VUMC policy for Modifications to any VUMC Fire Alarm System" to assure inventory accuracy.

WHEN:

8/1/12 added audio alarm #1 and #2 in cited areas 8/1/12 verified inventory of all audio visual alarm devices located in VUH Generator Room 8/4/12 added identified devices to the PM System and performed PM on devices 9/20/12 completed inventory of audio visual alarms 9/20/12 developed SOP

HOW:

1 & 2. Missing inventory items were field verified for location and device information and accurately entered into microprocessor based work management system with associated PM performed under Work Order 376339. 3. The devices were scheduled for their annual PM check. Process established to audit PM record compliance of audio visual alarm devices. 4. Vanderbilt employed a third party to perform a room by room inventory of observed Life Safety Equipment. That information was compared to the existing inventory database with any missing items added. 5. Established process for periodic random sampling by 3rd party to verify inventory accuracy.

HAP Standard EC.02.05.05 **The hospital inspects, tests, and maintains utility systems. Note: At times, maintenance is performed by an external service. In these cases, hospitals are not required to possess maintenance documentation but must have access to such documentation during survey and as needed.**

Findings: EP 3 Â§482.41(a) - (A-0701) - Â§482.41(a) Standard: Buildings The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured. This Standard is NOT MET as evidenced by: Observed in Document Review at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the document review it was observed that the hospital did not test and maintain the medical gas system. The hospital's plant operations director informed the life safety surveyor and the team leader surveyor that the hospital conducts all inspection and maintenance actives in house with the exception of the medical gas master alarm panels, and uses the manufactures inspection and maintenance recommendations for the medical gas system components. . At time of survey the hospital did not have the manufactures recommendations for inspections and testing of any of the medical gas system components, and therefore the testing and maintenance activities could not be verified at time of survey. At time of survey the hospital also did not have the vendor's inspection and maintenance documentation of the alarms on the medical gas master alarm panels and at time of survey the testing and maintenance of the alarms on the medical gas master alarm panels also could not be verified.

Elements of Performance:

3. The hospital inspects, tests, and maintains the following: Life-support utility system components on the inventory. These activities are documented. (See also EC.02.05.01, EPs 2-4)

Scoring Category: ACorrective Action Taken:

WHO:

Assistant Vice Chancellor for Facilities and Construction,Director Operations & Compliance for Medical Center Plant Services

WHAT:

1. Reviewed recommended maintenance activities from original equipment manufacturers. 2. Confirmed PM documentation is current and accurate. 3. Engaged a third party to evaluate the operations and maintenance of the medical gas system.

WHEN:

9/20/12

HOW:

1. Plant Services verified that the Operations and Maintenance manuals, testing and inspection documentation for alarm panels, zone valves, MG outlets, etc. were in place and current. 2. VUMC employed third party to verify the inventory of all MG components and develop updated facility drawings of the medical gas distribution system. 3. Engaged a third party to evaluate the operations and maintenance of the medical gas system. 4. Established a process for unannounced quarterly review by third party consultant to provide on-going verification of processes and procedures.

HAP Standard EC.02.05.07 **The hospital inspects, tests, and maintains emergency power systems. Note: This standard does not require hospitals to have the types of emergency power equipment discussed below. However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply.**

Findings: EP 5 Â§482.41(a) - (A-0701) - Â§482.41(a) Standard: Buildings The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured. This Standard is NOT MET as evidenced by: Observed in Document Review at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the document review it was observed that the PHV generator did not meet either the 30% of nameplate rating or the recommended exhaust gas temperature during all test in EC.02.05.07, EP 4 . It was observed that the hospital did not conduct a load bank test on the PHV generator every 12 months. The load bank test was conducted on April 4, 2011 and not again until June 15, 2012. EP 6 Â§482.41(a) - (A-0701) - Â§482.41(a) Standard: Buildings The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured. This Standard is NOT MET as evidenced by: Observed in Document Review at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the document review it was observed that the hospital did not document twelve times a year, at intervals of not less than 20 days and not more than 40 days, the testing of all automatic transfer switches. Transfer switches 0201, 1000, 1001, and 1002 were documented as being tested on Nov. 3, 2011 and not again until Jan 5, 2012.

Elements of Performance:

5. The emergency generator tests are conducted with a dynamic load that is at least 30% of the nameplate rating of the generator or meets the manufacturerâ€™s recommended prime moversâ€™ exhaust gas temperature. If the hospital does not meet either the 30% of nameplate rating or the recommended exhaust gas temperature during any test in EC.02.05.07, EP 4, then it must test each emergency generator once every 12 months using supplemental (dynamic or static) loads of 25% of nameplate rating for 30 minutes, followed by 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes, for a total of 2 continuous hours.

Scoring Category: ACorrective Action Taken:

WHO:

Assistant Vice Chancellor for Facilities and Construction,Director Utilities and Construction for Medical Center Plant Services

WHAT:

Modified PM process for this particular generator test.

WHEN:

8/10/2012

HOW:

1. The preventive maintenance procedure for the load bank testing of the PHV generator was modified to provide a unique preventive maintenance task for the load bank test that includes the appropriate specifications. The new

PM task description lists the TJC standard number and the testing requirements. 2. Process established for review of the annual Preventive Maintenance records to verify compliance with standard and standardized testing procedure.

6. Twelve times a year, at intervals of not less than 20 days and not more than 40 days, the hospital tests all automatic transfer switches. The completion date of the tests is documented.

Scoring Category: ACorrective Action Taken:

WHO:

Assistant Vice Chancellor for Facilities and Construction; Director Utilities and Construction for Medical Center Plant Services

WHAT:

1. Staff who performed the PM activity in question verified that the ATS equipment was properly tested. 2.Generator load records for December 2011 verified that the ATS equipment had been exercised. 3. Reviewed a comprehensive 12 month history of these maintenance activities to verify that individual equipment check off wasn't required and was performed consistently. 4. In May of 2012, Medical Center Plant Services Preventative Maintenance Policy #15, was revised to improve our documentation process.

WHEN:

8/10/12

HOW:

1. Plant Services Electric Shop staff was interviewed about the December 2011 ATS testing to verify that the testing took place per the maintenance tasks on the PM ticket. The staff member who did the testing signed an attestation that the ATS testing was compliant. 2. Generator load testing was reviewed to verify that the ATS equipment had been properly tested. Load test data shows conclusively that all the ATS equipment had been tested. 3. Established process for review of monthly preventive maintenance records on a monthly basis to verify compliance with standard testing requirements. 4. Plant Services revised its Medical Center Plant Services Preventative Maintenance Policy #15 to require "check boxes" be used to document completion of each task on the PM Work Order. Prior policy did not require each box to be individually checked.

HAP Standard EC.02.05.09 **The hospital inspects, tests, and maintains medical gas and vacuum systems. Note: This standard does not require hospitals to have the medical gas and vacuum systems discussed below. However, if a hospital has these types of systems, then the following inspection, testing, and maintenance requirements**

apply.

Findings: EP 1 Observed in Document Review at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. During the document review it was observed that the hospital did not test, inspect and maintain the medical gas system in time frames defined by the hospital. During the document review it was observed that the hospital did not have documentation of any of the alarms on any Medical Gas Master Alarm panels being tested and inspected and maintained. The hospital informed the life safety surveyor and the team leader surveyor that the testing and inspection of the Medical Gas Master alarms were conducted by the manufacture and at time of survey the hospital did not have any documentation of the alarms on the Master Alarm Panels being tested and maintained. The master alarms panels were not on the utilities equipment inventory. At time of survey the plant operation director told the life safety survey and the team leader surveyor that the testing and inspection of the medical gas system for the last 2 inspection were only 65 % complete. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. During the building tour, document review and staff discussion it was observed that the hospital did not maintain the medical gas system. It was observed that at time of survey the audio alarm on the medical gas area alarm panel located on the 4th floor NICU of the VUH was not working properly and a low oxygen alarm light and read out was showing on the panel. At time of survey the nurse manager and other staff on the unit was not aware of the alarm. The plant operations director informed the life safety surveyor and the team leader surveyor that the special equipment repair shop identified that this panel was not working properly on May 10, 2012. At time of survey the hospital received a quote from the vendor to replace the panel. EP 3 Observed in Tracer Activities at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. During tracer activity in the Oral Surgery Clinic, it was observed that the area shutoff valve for piped medical gas did not identify what the valve controlled. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. During the building tour it was observed that the medical gas zone shut off valve located outside the kitchen in the Children Hospital was not properly labeled. During the building tour it was observed that the medical gas zone shut off valve located in the PACU of the VUH was not properly labeled.

Elements of Performance:

1. In time frames defined by the hospital, the hospital inspects, tests, and maintains critical components of piped medical gas systems, including master signal panels, area alarms, automatic pressure switches, shutoff valves, flexible connectors, and outlets. These activities are documented. (See also EC.02.05.01, EP 3)

Scoring Category: ACorrective Action Taken:

WHO:

Assistant Vice Chancellor for Facilities and Construction; Director Operations & Compliance for Medical Center Plant Services

WHAT:

The response below address both observations: 1. Master medical gas alarm panels were located in the existing preventive maintenance equipment inventory. Master medical gas alarm panels have a detailed preventive maintenance history documented. Reviewed recommended master alarm panel maintenance activities from original

equipment manufacturers and confirmed PM documentation is current and accurate. 2.Communicated with clinical staff that medical gas area alarm panel on the 4th floor VUH NICU was not working properly. 3. Scheduled and replaced 4th floor VUH NICU panel. 4. Engaged a third party to evaluate the entire medical gas system to include inspection, testing and maintenance activities. 5. Developed Policy SA 10-10.05 Life Safety Systems Area Medical Gas Alarm Panels.

WHEN:

7/25/12 communicated medical gas alarm panel not working properly 7/28/12 scheduled and replaced 4th floor VUH NICU medical gas panel 7/30/2012 located Master medical gas alarm panel on existing inventory 8/3/12 confirmed PM documentation is current and accurate 8/20/12 Developed Policy SA 10-10.05 Life Safety Systems Area Medical Gas Alarm Panels 8/23/12 3rd party evaluated entire medical gas system

HOW:

The response below address both observations: 1.Plant Services verified that the Operations and Maintenance manuals, testing and inspection documentation for medical gas master alarm panels were in place and current. Master medical gas alarm panels were located in the existing preventive maintenance equipment inventory and their associated item descriptions were clarified. Master medical gas alarm panels had an existing detailed preventive maintenance history documented. 2. Posted notification signs and verbally communicated to the clinical staff, face to face, the status of the medical gas area alarm panel in the VUH NICU. 3. The panel was replaced and the new panel recertified immediately after it was installed. 4. Engaged third party to evaluate the operation and inspection, testing and maintenance of the medical gas system. 5. Established a process for unannounced quarterly review by third party consultant to provide on-going verification of processes and procedures. 6. Developed, approved, and implemented Policy SA 10-10.05 Life Safety Systems-Area Medical Gas Alarm Panels; this policy addresses communication process to clinical staff.

3. The hospital makes main supply valves and area shutoff valves for piped medical gas and vacuum systems accessible and clearly identifies what the valves control.

Scoring Category: ACorrective Action Taken:

WHO:

Assistant Vice Chancellor for Facilities and Construction; Director Operations & Compliance for Medical Center Plant Services

WHAT:

Properly labeled referenced medical gas shutoff valves.

WHEN:

7/27/2012

HOW:

A Work Order was generated in the Plant Services work management system and assigned to Plumbing Shop staff who labeled the referenced medical gas shutoff valves.

HAP Standard HR.01.06.01 Staff are competent to perform their responsibilities.

Findings: EP 15 Observed in HR File Review at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. Documentation in HR record for a facility management (SER) employee revealed a "Job Skill Assessment" dated 7/14/2010 stating the employee "needs training" under the topics of resetting Honeywell Fire System; resetting Simplex Fire System; and medical gas. The employee was certified as a Level 1 alarm technician in January 2011. There was no evidence of documentation for action taken for education/training and re-evaluation of competence for these areas July 2010 through January 2011.

Elements of Performance:

15. The hospital takes action when a staff memberâ€™s competence does not meet expectations.

Scoring Category: ACorrective Action Taken:

WHO:

Responsible for the approved corrective action and ongoing compliance or procedure - Directors of Plant Services; Assistant Vice Chancellor for Facilities and Construction, Manager of Human Resources Training - HR manager

WHAT:

Plant Services leadership re-educated to the required contents for employee files, and documentation of actions taken for education/training and re-evaluation of competence. Audit completed of employee files to verify SER annual job skill assessments were completed for 2012 including the specific employee observed in this finding. The additional training identified in the observation was completed and documentation was placed in the employee file. Plant Services managers enhanced the documentation of new SER employees competency through an end of probation checklist completed by the supervisor.

WHEN:

-August 8, 2012 Plant Services leadership training occurred. -August 23, 2012 employee files were audited and verified to include 2012 skills assessments. -August 29, 2012 Plant Services created end of probation competency checklist.

HOW:

HR manager conducted training during a meeting with Plant Services Department leadership to review required content for employee files and competency documentation. Plant Services Department leadership created and implemented end of probation competency checklist to be used through observation or direct interaction for Plant Services staff. Plant Services leadership established a process to conduct annual skills training and document annual ongoing competency using a skills assessment document for Plant Services staff.

HAP Standard LS.01.01.01 The hospital designs and manages the physical environment to comply with the Life Safety Code.

Findings: EP 2 Â§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101Â®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes. This Standard is NOT MET as evidenced by: Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour it was observed that at time of survey the hospital did not have an accurate set of Life Safety Code drawing for the VUH building. It was observed in the basement mechanical room of the VUH building, the life safety drawing identified a fire door at the exit stair that had been removed. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour it was observed that at time of survey the hospital did not have an accurate set of Life Safety Code drawing for the VUH building. The life safety drawings identified a fire door located on the 1st floor near room 1302 and the fire door had been removed. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour it was observed that at time of survey the hospital did not have an accurate set of Life Safety Code drawing for the VUH building. The life safety drawings identified a fire wall in the 2nd floor mechanical room with no door. A door was installed in the fire wall and the door fire rating could not be verified.

Elements of Performance:

2. The hospital maintains a current electronic Statement of Conditions (E-SOC). Note: The E-SOC is available to each hospital through The Joint Commission Connectâ„¢ extranet site.

Scoring Category: ACorrective Action Taken:

WHO:

Assistant Vice Chancellor for Facilities and Construction; Director Operations & Compliance for Medical Center Plant Services

WHAT:

1.Ordered and installed replacement fire doors for the basement mechanical room exit stair and 2nd floor mechanical room locations referenced. 2.Investigated history of door frame on the 1st floor near room 1302 and determined the Life Safety Code drawings were incorrect. Accordingly, revised the Life Safety Code drawings to reflect the correct condition.

WHEN:

8/8/12 installed replacement doors in cited areas 8/18/12 revised Life Safety Code drawings to reflect the corrected condition

HOW:

1. A work order was generated in the Plant Services work management system and assigned to Carpentry Shop staff who installed new fire rated doors for the basement and 2nd floor locations referenced. 2. The construction project punch list process will be used to verify missing doors are identified and installed. 3. Hospital engaged a 3rd party who reviewed and produced a new set of Life Safety Drawings. For future projects, a process was established to review the final documents with construction personnel and Plant Services personnel to verify Life Safety Drawings are accurately reflected. The deliverables required by the architect will include an updated life safety drawing.

HAP Standard LS.01.02.01 The hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction.

Findings: EP 2 Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. During the building tour of the Medical Center North building, it was observed on the 6th floor that an exit was removed and a temporary wall was installed due to the S 6400 renovation project and at time of survey there was not signage identifying the location of alternative exits to everyone affected. Observed in Individual Tracer at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. During an individual patient tracer in the Children's Hospital in the GI Lab area, it was observed that there was a temporary wall in place and the egress signage still indicated that this had been an exit. There were no alternative signage observed.

Elements of Performance:

2. The hospital posts signage identifying the location of alternative exits to everyone affected. (See also LS.01.01.01, EP 3)

Scoring Category: ACorrective Action Taken:

WHO:

Assistant Vice Chancellor for Facilities and Construction; Director Operations & Compliance for Medical Center Plant Services; Construction Coordinator

WHAT:

For both the Medical Center North and Children's Hospital locations referenced, installed exit signs and signage identifying the location of alternate exits for associated areas.

WHEN:

7/27/2012

HOW:

1.A Work Order was generated in the Plant Services work management system and assigned to the Electric Shop staff who installed additional Exit signs. 2. The Construction Coordinator installed signage identifying the location and route to alternate exits. 3. The Construction Coordinator conducts Risk Assessments and identifies egress requirements.

HAP Standard NPSG.01.01.01 Use at least two patient identifiers when providing care, treatment, and services.

Findings: EP 2 Observed in Tracer Activities at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. During tracer activity in the Dialysis clinic, it was noted that blood specimen containers were being labeled prior to the patient's receiving care. Individual bags of pre-labeled blood collection tubes were available on the counter. Observed in Tracer Activities at Hemodialysis Clinic East (20 Rachel Drive, Nashville, TN) site. During tracer activity in the Dialysis clinic, it was noted that blood specimen containers were being labeled prior to the patient's receiving care. Individual bags of pre-labeled blood collection tubes were located in a basket on the counter.

Elements of Performance:

2. Label containers used for blood and other specimens in the presence of the patient. (See also NPSG.01.03.01, EP 1)

Scoring Category: ACorrective Action Taken:

WHO:

Responsible for the corrective action and ongoing compliance: Associate VMG Director, Clinical Manager. Responsible for approved action or procedure: Associate VMG Director, Area Manager.

WHAT:

The pre-labeling process was immediately changed by the Clinical Managers of the VAV Dialysis Clinic and

Hemodialysis Clinic East, via informal clinical staff training. Formal training completed with emphasis on patient identification and labeling, VUMC processes for collecting blood specimens, and Policy CL 30-08.22 "Labeling of Laboratory Specimens": "Containers used for blood and other specimens are labeled in the presence of the patient."

WHEN:

July 26 and 27, 2012: Immediate training and process change completed. August 21, 2012: Formal training completed in the Village at Vanderbilt Dialysis Clinic: and the Hemodialysis Clinic East.

HOW:

The Clinic Manager immediately discarded all pre-labeled blood collection tubes and verbally instructed staff on the process change. An educational presentation regarding the current policy CL 30-08.22 "Labeling Laboratory Specimens" was presented and distributed to the dialysis clinical staff for review.

HAP Standard NPSG.03.04.01 **Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings. Note: Medication containers include syringes, medicine cups, and basins.**

Findings: EP 2 Observed in Tracer Activities at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. During tracer activity at the Plastics clinic a procedure room was made ready for excision and closure of facial lesions. The mayo stand had been prepared with the sterile instruments and the small empty metal cups and empty syringe were found labeled. The patient had not yet arrived for the procedure. A review of the hospital policy revealed, "Label medication container/storage device when any medication in transferred from the original packaging to another container/storage device and is not immediately administered." Observed in Individual Tracer at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. During an individual patient tracer in the Children's Hospital operating room, it was observed that the sterile field had a basin with a label, but there had not been any transfer of fluids or medications. The organizational policy, Cl30-06-21, requires that the label would be completed at the time of transfer if not immediately administered.

Elements of Performance:

2. In perioperative and other procedural settings both on and off the sterile field, labeling occurs when any medication or solution is transferred from the original packaging to another container.

Scoring Category: ACorrective Action Taken:

WHO:

Responsible for the corrective action and ongoing compliance: Administrative Director, Clinical Managers. Responsible for approved action or procedure:

Administrative Director.

WHAT:

Clinical staff were educated on VUMC process and policy CL 30-06.21 "Medication Labeling: Outside of Pharmacy." Policy states "Label medication/solution package/container/ storage device when any medication is transferred from the original packaging to another package/ container/storage device and is not immediately administered. Label medication/solution package/ container/storage device as soon as it is prepared, unless it is immediately administered."

WHEN:

August 17, 2012: Plastic Surgery Clinic staff training completed. July 31, 2012 and August 13, 2012: Children's Operating Room staff training completed.

HOW:

Inservice training were completed, an educational memo regarding the current policy CL 30-06.21 "Medication Labeling: Outside of Pharmacy" was electronically distributed to the clinical staff.

HAP Standard PC.01.02.07 The hospital assesses and manages the patient's pain.

Findings: EP 3 Observed in Individual Tracer at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. The post operative patient reported on July 25 a pain level of 8 at 01:20, a pain level of 7 at 04:05, and a pain level of 8 at 07:49. The patient was medicated at each of those times. There was no documentation of interventions and the effectiveness of them between 01:20 and 04:05 and 07:49. A physician order for an additional medication for pain was obtained at 06:00. Observed in Individual Tracer at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. On July 23 patient was medicated for pain level of five .The next assessment of response to the pain management intervention was at 3:30 on July 24,and pain level was five.There was no documentation of further interventions or the effectiveness of pain management between 17:30, July 23 and 3:30, July 24 ,2012.

Elements of Performance:

3. The hospital reassesses and responds to the patientâ€™s pain, based on its reassessment criteria.

Scoring Category: CCorrective Action Taken:

WHO:

Responsible for the corrective action and ongoing compliance: Nurse Managers of 8N and 7T3; Administrative Director for Medicine and Administrative Director for Surgery/Burn; Chief Nursing Officer VUH. Responsible for approved action or procedure: Nurse Managers of VUH 7T3 and Manager of VUH 8th floor; Administrative Director for Medicine and Administrator

Director for Surgery/Burn; Chief Nursing Officer VUH.
Training:All RNs on VUH 7T3 and VUH 8 North.
Responsible for Measure of Success: Nurse Managers of VUH 7T3 and Manager of VUH 8N; Administrative Director for Medicine and Administrator Director for Surgery/Burn.

WHAT:

Applicable clinical staff were educated on VUMC process and policy CL 30-02.04 "Pain Management Guidelines" section V.A.3. The policy states "In Inpatient areas, document the following with date and time:Reassessment of pain response to interventions is documented at an interval based on patient condition and type and route of pharmacologic intervention."

WHEN:

8/23/12: Corrective action plan presented to the Vanderbilt University Hospital Nursing Leadership Board.
9/20/2012: training completed.

HOW:

Electronic learning module developed and assigned to clinical staff on 8N and 7T3.

Evaluation Method:	Medical record review is the selected method to evaluate the effectiveness of the corrective actions. A computer generated random sample of 70 random patient medical records with pain from units 7T3 and 8N will be reviewed monthly for reassessment of pain after medication. Title of person collecting data: Nurse manager and Administrative director of the two units. Numerator= # of reassessment after pain medication Denominator= # of pain medications administered to 70 patients with pain Frequency = Monthly Duration 4 consecutive months
Measure of Success Goal (%):	90

Dozier, Cheryl A

From: Cha, Ellen <ECha@jointcommission.org>
Sent: Wednesday, September 26, 2012 2:04 PM
To: Conatser, Paige; Hofstetter, Patricia; Dozier, Cheryl A
Subject: Emailing: Report

Vanderbilt University Hospital and The Vanderbilt Clinic

Organization ID: 7892

1211 22nd Avenue SouthNashville, TN 37232-2101

Accreditation Activity - 60-day Evidence of Standards Compliance Form

Due Date: 10/7/2012

BHC	**Standard CTS.02.01.05**	**For organizations providing care, treatment, or services in nonâ€"24-hour settings: The organization implements a written process requiring a physical health screening to determine the individual's need for a medical history and physical examination. Note 1: This standard does not apply to foster care and therapeutic foster care. (See also CTS.02.04.01, EP 1) Note 2: This standard does not apply to organizations that provide physical examinations to all individuals served as a matter of policy or to comply with law and regulation.**

Findings: EP 1 Observed in Individual Tracer at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. The organization has implemented a health screening process. However, in reviewing that process, and in reviewing policy and procedure, they have not established screening triggers that indicate the need for a medical history and physical examination.

Elements of Performance:

1. For organizations providing care, treatment, or services in nonâ€"24-hour settings: The organization has a written physical health screening process to determine whether an individual served is in need of a medical history and physical examination that is based on the population(s) served and, at a minimum, includes the following: - Data to be collected - Time frame for completion of the screening - Screening triggers that indicate the need for a medical history and physical examination

Scoring Category: ACorrective Action Taken:

WHO:

Director of Social Work and Partial Hospitalization Program (PHP); Chief Medical Officer (PHP) Trained: PHP staff

WHAT:

1.Health Screening revised. 2.Staff educated. 3.The revised tool was implemented.

WHEN:

September 1, 2012: Staff educated and health screening tool implemented.

HOW:

1. Health Screening revised in collaboration with the Chief Medical Officer for the addition of triggers that indicate a need for a Physical Examination. 2. Staff educated on the revised tool at staff meeting. 3. The revised tool was implemented.

BHC Standard CTS.03.01.03 The organization has a plan for care, treatment, or services that reflects the assessed needs, strengths, preferences, and goals of the individual served.

Findings: EP 3 Observed in Individual Tracer at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. The current treatment plan format included a goal and interventions but did not have objectives. Objectives for each goal should be developed and should be expressed in terms that provide indices of progress. Observed in Individual Tracer at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. The current treatment plan format did not include objectives. Observed in Individual Tracer at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. The current treatment plan format did not include objectives.

Elements of Performance:

3. The objectives of the plan for care, treatment, or services meet the following criteria: - They include identified steps to achieve the goal(s) (See also CTS.03.01.01, EP 3) - They are sufficiently specific to assess the progress of the individual served - They are expressed in terms that provide indices of progress

Scoring Category: CCorrective Action Taken:

WHO:

Director of Social Work and Partial Hospitalization Program (PHP) Trained: Staff (PHP)

WHAT:

"Objectives" added to the treatment plan and staff educated.

WHEN:

August 23, 2012: All PHP staff trained. September 1, 2012: Revised treatment plan was implemented.

HOW:

August 23, 2012: Staff trained at staff meeting to quantify objectives on the treatment plan. September 1, 2012: The revised treatment plan was implemented.

Evaluation Method: All patient treatment plans audited for evidence of compliance monthly for four consecutive months. Audit patient treatment plans

objectives for evidence of compliance.
Numerator= # correct treatment plans
Denominator = total number of treatment plans

Measure of Success Goal (%): 90

HAP Standard EC.02.05.01 The hospital manages risks associated with its utility systems.

Findings: EP 1 Observed in Document Review at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. During the document review , building tour and staff discussion it was observed that the hospital did not design and install utility systems that meet patient care and operational needs. It was observed during the building tour, that a field fire alarm panel located in a mechanical room on the 4th floor of the VUH was in alarm, and at the front head end master fire alarm computer no alarm was identified. The plant operations director informed the life safety surveyor and the team leader due to the age of the fire alarm panels and the additions and modifications of the fire alarm system that the front head end master fire alarm computer can clear an alarm but a technician must physically go to the field fire alarm panel to clear the alarm from that panel. Observed in Document Review at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. During the document review , building tour and staff discussion it was observed that the hospital did not design and install utility systems that meet patient care and operational needs. It was observed during the building tour, that a field fire alarm panel located in the delta center has 6 fire alarm light in alarm, and at the front head end master fire alarm computer shows these alarms as 46 troubles. The plant operations director informed the life safety surveyor and the team leader due to the age of the fire alarm panels and the additions and modifications of the fire alarm system that the front head end master fire alarm panel identifies these as troubles. At time of survey the hospital could not identify which of the 46 troubles were associated with the 6 alarms on the field panel. EP 4 Observed in Document Review at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. During the document review it was observed that the hospital did not identify, in writing, inspection and maintenance activities for all operating components of utility systems on the inventory. The hospital's plant operations director informed the life safety surveyor and the team leader surveyor that the hospital uses the manufactures inspection and maintenance recommendations on all operating components of the utilities system listed in their equipment inventory. At time of survey the hospital did not have the manufacture written recommendations for the inspection and maintenance of all operating components of the utilities system listed in their equipment inventory. At time of survey the hospital did not have the manufactures recommendations for inspections and testing of any of the air handler unit, domestic hot water pumps, generator fuel pumps, air compressors or any of the medical gas system components. EP 8 Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. During the building tour of the VUH it was observed that the hospital did not label the following utility system controls to facilitate partial or complete emergency shutdowns: Generator fuel pumps # 1 and # 2 located in the generator mechanical room; the air compressor located in the generator room; Generators 1 though 5; Hot water primary pump # 1 and back up pump # 2 located in mechanical room B405; AHU 11; AHU 12; AHU 14; AHU 22.

Elements of Performance:

1. The hospital designs and installs utility systems that meet patient care and operational needs. (See also EC.02.06.05, EP 1)

Scoring Category: ACorrective Action Taken:

WHO:

Assistant Vice Chancellor for Facilities and Construction: Director of Operations & Compliance for Medical Center Plant Services

WHAT:

1. Reviewed Honeywell documentation of features requiring manual acknowledgment of each alarm at the local panel. 2. Acknowledging all alarm conditions on the field fire alarm panels as they occur 3. Reviewed Honeywell's letter to verify alarm panel requirements. 4. Honeywell reprogrammed panels to accept return to normal acknowledgment from the front end system.

WHEN:

8/3/12: reviewed Honeywell documentation 8/3/2012: process established to acknowledge alarms 8/4/2012: Reviewed Honeywell letter 9/28/2012: reprogrammed panels

HOW:

1. Established a process to acknowledge all alarm conditions on the field fire alarm panels as they occur. 2. Honeywell reprogrammed panels to accept pt return to normal acknowledgment from the front end system.

4. The hospital identifies, in writing, the intervals for inspecting, testing, and maintaining all operating components of the utility systems on the inventory, based on criteria such as manufacturers' recommendations, risk levels, or hospital experience. (See also EC.02.05.05, EPs 3-5)

Scoring Category: ACorrective Action Taken:

WHO:

Assistant Vice Chancellor for Facilities and Construction: Director of Operations & Compliance for Medical Center Plant Services

WHAT:

1. Located and reviewed the Operation & Maintenance (O&M) manuals from original equipment manufacturers for referenced equipment. 2. Confirmed PM documentation is current and accurate.

WHEN:

8/27/2012

HOW:

1. Plant Services verified that the Operations and Maintenance manuals, testing and inspection documentation for air handler units, domestic hot water pumps, generator fuel pumps, air compressors and all medical gas system components were in place and current. 2. Confirmed work management system

inspection and testing PM documentation is current and accurate for all referenced equipment.

8. The hospital labels utility system controls to facilitate partial or complete emergency shutdowns.

Scoring Category: ACorrective Action Taken:

WHO:

Assistant Vice Chancellor for Facilities and Construction: Director of Operations & Compliance for Medical Center Plant Services

WHAT:

Need to address labeling of these items to facilitate shutdown. 1. Developed Shutdown procedures and labeled controls as appropriate.

WHEN:

8/27/2012

HOW:

(Need to address labeling of these items to facilitate shutdown.) 1. The Plant Services Team met with VUMC senior leadership, wrote and implemented shutdown procedures and labeled controls as appropriate. 2. Plant Services staff was trained on steps to apply the Shutdown procedure

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HAP Standard EC.03.01.01 Staff and licensed independent practitioners are familiar with their roles and responsibilities relative to the environment of care.

Findings: EP 2 Â§482.41(b)(7) - (A-0714) - (7) The hospital must have written fire control plans that contain provisions for prompt reporting of fires; extinguishing fires; protection of patients, personnel and guests; evacuation; and cooperation with fire fighting authorities. This Standard is NOT MET as evidenced by: Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the Children hospital it was observed the staff working in the Subway restaurant could not describe or demonstrate actions to take in the event of an environment of care incident. The manager of the Subway restaurant said neither her or her staff had been educated to the hospitals safety programs including fire safety. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the Children hospital it was observed the staff working in the Taco Bell / Pizza Hut restaurant could not describe or demonstrate actions to take in the event of an environment of care incident. The manager of the Taco Bell/ Pizza Hut restaurant said neither her or her staff have been educated to the hospitals safety programs including fire safety. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour it was observed in the emergency room fast track area that the charge nurse and the manager of the unit did not know where the medical gas zone shut off valves were and could not find them for the fast track rooms 1343A and 1343B. In the event of a fire the hospital policy states that the charge nurse is responsible for shutting off the medical gases.

Elements of Performance:

2. Staff and licensed independent practitioners can describe or demonstrate actions to take in the event of an environment of care incident. (See also EC.02.03.01, EP 10 and HR.01.04.01, EP 1)

Scoring Category: CCorrective Action Taken:

WHO:

Director, Retail VUMC, Patient Transportation Support Services Administration; Director of Environmental Health and Safety; Asst. Director/ Vanderbilt Environmental Health and Safety Who was trained: staff of the identified vendors; charge nurses and the manager of the ED Responsible for Measurement: The Asst. Director Vanderbilt Environmental Health and Safety

WHAT:

1.Developed and Implemented an enhanced safety education plan to include the process to follow in fire safety and emergency prepareness incident for the identified vendor employees in the vendor areas of the hospital. Education includes onboarding vendors and vendor new hires through VUMC new staff orientation. 2. Developed and implemented policy SA 10-10.05 Life Safety Systems â€" Area Medical Gas Alarm Panels. 3. Developed and implemented an enhanced safety education plan for managers and charge nurses regarding medical gas processes to follow in the event of an environment of care incident. 4. Modified annual safety training to include medical gas safety components.

WHEN:

8/9/12: vendor education plan 8/20/12: policy approved/implemented 8/22/12: Staff education plan for medical gases

HOW:

1. Designed a vendor education plan to train identified vendor employees in the steps needed to take in the event of a fire safety and emergency prepareness incident. The Environment of Care Safety module was deployed to identified vendor employees; instruction was lead by the unit leader. Education includes onboarding vendors and vendor new hires through VUMC new staff orientation. 2.The Medical Gas Alarm Panel Policy was developed by VUMC senior leaders and Plant Services; approved by the Medical Center Medical Board. 3. Designed a staff education plan to train managers and charge nurses in the ED Fast Track regarding medical gases and the steps needed to take in the event of an environment of care incident for patient and staff safety. The Medical Gas module was distributed electronically to identified managers, area supervisors and charge nurses. 4. Annual Safety training is electronically accessed by staff.

Evaluation Method: There will be monthly monitoring for 4 consecutive months of the identified random

vendor employees fire safety and emergency prepareness knowledge ; Numerator: compliant vendor employees. Denominator: 30 identified vendor employees. There will be monthly monitoring for 4 consecutive months of ED Charge nurses and manager for medical gas panel knowledge. Numerator: compliant ED Charge nurses and managers. Denominator: all ED charge nurses and managers. The Survey results will be shared with VUMC Leadership monthly.

Measure of Success Goal (%): 90

HAP Standard LD.01.03.01 The governing body is ultimately accountable for the safety and quality of care, treatment, and services.

Findings: EP 2 Â§482.12 - (A-0043) - Â§482.12 Condition of Participation: Condition of Participation: Governing Body This Condition is NOT MET as evidenced by: Observed in Data Tracer at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. The Governing Body did not insure that the following COPs were met as determined by observation, documentation, and staff interviews. COP 482.41 Tag A-0700, Physical Environment system and notifications.

Elements of Performance:

2. The governing body provides for organization management and planning.

Scoring Category: ACorrective Action Taken:

WHO:

Chief Executive Office of Clinical Enterprise and Deputy Vice Chancellor for Health Affairs; Chief Quality and Patient Safety Officer Trained: Identified Vendor staff and identified area staff where medical gas alarm panel are located

WHAT:

1. Annual Life Safety reports and periodic updates are provided to the Medical Center Medical Board and the Governing body through established reporting structures. In addition to the established reporting structure and processes, the Chief Executive Officer of the Clinical Enterprise and Deputy Vice Chancellor for Health Affairs has expanded the reporting and accountability for the Assistant Vice Chancellor of Facilities and Construction to include direct reporting to Deputy Vice Chancellor for Health Affairs. 2. Quarterly reports are made to the Quality Steering Committee of the Vanderbilt University Medical

Center. The Quality Steering Committee, co-chaired by the Chief Executive Officer of the Clinical Enterprise and Vice Chancellor for Health Affairs and the Chief Quality and Patient Safety Officer, has the authority and responsibility to execute recommendations from the Life Safety reports. 3. The VUMC Safety Committee monthly meeting standing reports have been expanded to include additional aspects of life safety. Distributions of meeting minutes have been expanded to include senior leadership. The Environment of Care survey process has been expanded to include additional aspects of Life Safety in their ongoing rounding and audits. 4.Developed and implemented fire safety and emergency preparedness education plan for identified vendor staff. Developed and implemented an enhanced safety education plan for identified staff where medical gas alarm panels are located. 5. Policy SA 10-10.05 Life Safety Systems â€" Area Medical Gas Alarm Panels was approved by the Medical Center Medical Board and approved by senior leadership.

WHEN:

8/ 9/2012: Incorporated new/revised indicators into the Environment of Care(EOC)survey process 8/ 9/2012: Process established for EOC quarterly reports to senior leadership 8/ 15/2012: Most recent enhancements to the accountability structure 8/20/2012: Policy approved

HOW:

1. The changes in the reporting and accountability structure and quarterly Life Safety reports are incorporated into the organizational Quality Improvement work plan and the changes were fully vetted by the senior leadership team and agreed upon. 2. Senior leadership met to review the EOC process. Additional indicators were added and revised in response to the survey findings. 3. Quarterly and annual EOC summary reports continue to be reviewed by the EOC survey team and the Medical Center Safety Committee. Additionally,a process was established for EOC summary reports to be sent directly to senior leadership in the clinical enterprise. 4. The standing life safety reports to the VUMC Safety Committee includes status of required generator testing, automatic transfer switches, Fire Alarm equipment, changes to Life Safety Drawings, and penetrations. 5. A process was established for the EOC team leader to make quarterly reports to the VUH, VCH, VMG and VPH senior leadership cabinet meetings for follow-up actions. 6. The Plant Services Team met with VUMC senior leadership to design a staff education plan to train staff in areas where medical gases exist in the steps needed to take in the event of an environment of care incident. A vendor education plan was designed to train the identified vendor employees in fire safety and emergency preparedness. The plan included a design and deployment of Fire Safety and Emergency Preparedness Safety Training and a design and deployment of a staff electronic E-Learning module focused on the Medical Gases. The Emergency

preparedness vendor safety module was deployed to the identified vendor employees; instruction was led by the unit leader. The Medical Gas module was distributed electronically to VUMC managers, area supervisors and charge nurses of the identified area. 7. The Policy SA 10-10.05 Life Safety Systems â€" Area Medical Gas Alarm Panels was approved by the Medical Center Medical Board.

HAP Standard LD.03.04.01 **The hospital communicates information related to safety and quality to those who need it, including staff, licensed independent practitioners, patients, families, and external interested parties.**

Findings: EP 6 Observed in Tracer Activities at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. During the Life Safety Code Building Tour the Engineer identified a non-functioning audible alarm that would indicate failure of medical gases in the fourth floor Neonatal Intensive Care Unit. As a result of this finding additional tracer activities were conducted to determine preservation of patient safety in the event of a medical gas failure. From an interview with staff, including physicians, nurses and respiratory therapists, it was observed that none of the clinical staff were aware of the change in the environment produced by the non-functioning audible alarm for a failure of medical gases. The same staff members were unaware of the presence of the alarm lights indicating the non-functioning alarm. From staff interviews, document review and review of past environmental incidents it was observed that the clinical staff effectively responded to a change in the environment to preserve patient safety; however, there was no indication that that changes in the environment, including non-functioning medical gas alarms, are effectively communicated to the clinical staff.

Elements of Performance:

6. When changes in the environment occur, the hospital communicates those changes effectively.

Scoring Category: ACorrective Action Taken:

WHO:

VUH & TVC CEO; VCH CEO; Assistant Vice Chancellor for Facilities and Construction; Executive Director Vanderbilt Environmental Health and Safety

WHAT:

1. Commissioned a third party review of medical gas system operations and maintenance. 2. Developed/implemented Policy SA 10-10.05 Life Safety Systems â€" Area Medical Gas Alarm Panels. 3. Trained NICU Stallman staff 4. Posted signs at Nursing Station and alarm panel locations. 5. Replaced NICU Med Gas Area Alarm Panel.

WHEN:

7/26/2012: signs posted in NICU 7/27/2012: NICU staff trained 7/28/2012: Replaced panel 8/16/2012: third party review commissioned 8/20/2012: policy approved

8/23/2012: All charge nurses and area managers trained

HOW:

1. Commissioned a third party review of medical gas system operations and maintenance. 2. The Medical Gas Alarm Panel Policy was approved by the Medical Center Medical Board. 3. A staff education plan was designed to train the NICU Stallman staff on medical gases and the steps to take in the event of an environment of care incident for patient and staff safety. The plan included the design and deployment of a staff electronic E-Learning Module focused on the medical gases. The medical gas module was distributed electronically to VUMC managers, area supervisors and charge nurses in NICU Stallman. 4. Posted signs at the nursing station and alarm panel locations. 5. Work order was generated in the plant services work management system and assisgned to a qualified staff who performed the work.

HAP Standard LD.04.01.05 The hospital effectively manages its programs, services, sites, or departments.

Findings: EP 4 Observed in Document Review at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. During the document review and staff discussion it was observed at time of survey that leadership did not ensure that the hospital had a process in place and staff was trained to address alarms and troubles on the fire alarm system. On the 1st day of survey it was observed that the simplex fire alarm system had 26 troubles and the honeywell fire alarm system had 49 troubles. On the 1st day survey the staff monitoring the fire alarm panels and the plant operations staff and the special equipment repair shop staff could not identify the location or the nature of the troubles. Both fire alarm panels indicated the troubles have been active for over 7 days. The hospital conducts all system repairs in house and at time of survey there was no process in place to address these troubles. On day 4 of survey the simplex fire alarm panel had 15 troubles and the honeywell fire alarm system had 46 troubles. Observed in Tracer Activities at NICU at the main hospital. During tracer activities, building tour, and leadership discussion, it was established that there was not an established process to communicate issues in the Life Safety Code functions that could effect safe clinical operations. There was a low oxygen pressure alarm in the Neonatal Intensive Care Unit that the staff had not been notified or educated as to interim measures to protect the patients in that area.

Elements of Performance:

4. Staff are held accountable for their responsibilities.

Scoring Category: ACorrective Action Taken:

WHO:

VUH & TVC CEO; VCH CEO; Assistant Vice Chancellor for Facilities and Construction; Executive Director Vanderbilt Environmental Health and Safety Trained: Delta Staff, NICU Stallman staff

WHAT:

1. Established a Standard Operating Procedure (SOP) [Plant Services Policy 58 "Life Safety System-Trouble/Supervisory Message Response"] to identify response to trouble alarms on the fire alarm system. 2. Commissioned a third party review of fire alarm system. 3. Commission a third party review of medical gas system operations and maintenance. 4. Developed and implemented policy SA 10-10.05 Life Safety Systems - Area Medical Gas Alarm Panel. 5. Delta staff trained on SOP. 6. NICU Stallman staff trained on medical gases.

WHEN:

7/27/2012: SOP established 7/27/2012: Delta staff trained. 7//27/2012: NICU Stallman Staff Trained 8/16/2012: commissioned third party reviews 8/17/2012: completed third party review 8/20/2012: policy approved

HOW:

1. SOP approved by Assist Vice Chancellor for Facilities and Construction. 2. Completed third party review of fire alarm system operations and maintenance. 3. A staff education plan was designed to train staff in NICU Stallman on medical gases and the steps to take in the event of an environment of care incident. The plan included the design and deployment of a staff electronic E-Learning Module focused on the Medical Gases. The Medical Gas module was distributed electronically to VUMC managers, area supervisors and charge nurses of NICU Stallman. 4. The Policy SA 10-10.05 Life Safety Systems â€" Area Medical Gas Alarm Panel was approved by the Medical Center Medical Board. 5. The Delta Staff was provided face to face training by their manager.

HAP Standard LS.02.01.10 Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.

Findings: EP 4 Â§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101Â®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes. This Standard is NOT MET as evidenced by: Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the Medical Center North building, the fire rating labels on the fire doors were damaged so that the fire rating could not be verified on the following fire

doors; Fire door # 7442, Fire door # 5442, Fire door # 4442. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour it was observed that the fire rating could not be verified on the exit door located on the 4th floor S 2 center exit stair. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour it was observed that the fire rating could not be verified on the fire door located on the 2nd floor N mechanical room of the VUH building. EP 9 Â§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101Â®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes. This Standard is NOT MET as evidenced by: Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the VPH building it was observed that the fire wall at exit stair # 2086, had a penetration that was not properly sealed. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the Medical Center North building it was observed that the fire wall at exit stair # 02100, had a penetration that was not properly sealed. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the Children Hospital building it was observed that the fire wall at door # 8404, had a penetration that was not properly sealed. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the VUH building it was observed on the 4th floor at the double fire doors near TVC north elevator lobby, above the ceiling the fire wall had a penetration that was not properly sealed. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the VUH it was observed in the 2nd floor north mechanical room, the fire wall had a penetration that was not properly sealed.

Elements of Performance:

4. Openings in 2-hour fire-rated walls are fire rated for 1 1/2 hours. (See also LS.02.01.20, EP 3; LS.02.01.30, EP 1) (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1)

Scoring Category: ACorrective Action Taken:

WHO:

Assistant Vice Chancellor for Facilities and Construction; Director of Operations & Compliance for Medical Center Plant Services

WHAT:

1. Removed paint from rating labels for all Medical Center North fire door locations referenced. 2. Ordered and installed replacement fire doors for the VUH locations referenced. 3. EOC survey process revised.

WHEN:

7/24/2012: removed paint 8/9/2012: revised EOC indicator 8/24/2012: installed doors

HOW:

1.A work order was generated in the Plant Services work management system and assigned to Paint Shop staff who removed paint from door rating labels for the Medical Center North fire doors referenced and to Carpentry Shop staff who installed new fire rated doors for the VUH doors referenced. 2. Revised EOC survey process to include indicator for inspection of labels on rated doors.

9. The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes that penetrate fire-rated walls and floors are protected with an approved fire-rated material. Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.4.2)

Scoring Category: CCorrective Action Taken:

WHO:

Assistant Vice Chancellor for Facilities and Construction; Director of Utilities & Construction for Medical Center Plant Services

WHAT:

Sealed penetrations referenced.

WHEN:

8/3/12

HOW:

1. A Work order was generated in the Plant Services work management system and assigned to qualified Carpentry Shop staff who physically sealed the penetrations referenced. 2.Implemented the above ceiling permit program for standardization of sealing penetrations. Work was completed by certified staff.

HAP Standard LS.02.01.20 The hospital maintains the integrity of the means of egress.

Findings: EP 13 Â§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101Â®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes. This Standard is NOT

MET as evidenced by: Observed in Tracer Activities at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During tracer activity three C-arms were stored in the bridge joining the perioperative services with the Vanderbilt Clinic. These C-arms were obstructing the clear exit for discharge. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the Medical Center North building, it was observed that the means of exit egress on the 5th floor, exits through a business occupancy building and the means of exit egress was not clear of obstructions or impediments to the public way. Trash and recycle containers greater than 32 gals were stored in the egress corridor as well as carts and furniture. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the VUH it was observed in the emergency department pod A, the means of exit egress was not clear of obstructions or impediments to the public way. It was observed that equipment, carts and stretchers were stored in the egress corridors. The emergency department pod A was not identified as a suite. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the Medical Center North building, it was observed that the means of exit egress on the 6th floor, exits through a business occupancy building and the means of exit egress was not clear of obstructions or impediments to the public way. Trash and recycle containers greater than 32 gals were stored in the egress corridor as well as carts and furniture. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the Medical Center North building, it was observed that the means of exit egress on the 7th floor, exits through a business occupancy building and the means of exit egress was not clear of obstructions or impediments to the public way. Trash and recycle containers greater than 32 gals were stored in the egress corridor as well as carts and furniture. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the VUH it was observed in the emergency department pod B, the means of exit egress was not clear of obstructions or impediments to the public way. It was observed that equipment, carts and stretchers were stored in the egress corridors. The emergency department pod B was not identified as a suite. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the VUH it was observed in the emergency department fast track, the means of exit egress was not clear of obstructions or impediments to the public way. It was observed that equipment, carts and stretchers were stored in the egress corridors. The emergency department fast track was not identified as a suite. EP 31 Â§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101Â®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes. This Standard is NOT MET as evidenced by: Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the VPH it was observed that 2 exit sign were missing on the adult wing. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the VUH it was observed in the mechanical room B406, exit signs were

missing. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the VUH it was observed in the mechanical room B405, exit signs were missing.

Elements of Performance:

13. Exits, exit accesses, and exit discharges are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice. (For full text and any exceptions, refer to NFPA 101-2000: 7.1.10.1)

Scoring Category: CCorrective Action Taken:

WHO:

VUH & TVC CEO; Assist Vice-Chancellor for Facility Services and Construction. Assistant Director Vanderbilt Environmental Health & Safety

WHAT:

1. Removed obstructions from path of egress for all locations referenced to maintain clear corridor and clear exit. 2.Identified alternate (permanent) location for C-Arm, trash and recycle container storage and moved these items to new locations. 3.Communicated trash and recycle container storage plan with Medical School Environmental Services. 4.Established a reporting process for EOC Survey results to Hospital Leadership. 5.Communicated egress standard requirement to hospital unit managers by senior leadership.

WHEN:

8/3/12: Met with involved departments to resolve egress issues and removed obstructions 8/10/12: Established communication process to executive leadership 8/27/12: communicated egress standard requirements to managers

HOW:

1. Plant Services met with Radiology Services regarding C-arm obstructions, Environmental Services with respect to trash and recycle container obstructions, and with Directors and Managers of the VUH ED regarding egress impediments within the ED to create an action plan to resolve these issues. Alternate and permanent storage locations for C-arms and trash and recycle containers were identified that did not obstruct the clear exit for discharge or means of egress and these items were moved accordingly. ED staff removed obstructions from egress corridors within their area. 2. Established a communication process to report results of the EOC Surveys to Executive leadership quarterly. 3. Senior leadership communicated egress standard requirements via email to hospital unit managers.

31. Exit signs are visible when the path to the exit is not readily apparent. Signs are adequately lit and have letters that are 4 or more inches high (or 6 inches high if externally lit). (For full text and any exceptions, refer to NFPA 101-2000: 7.10.1.2, 7.10.5, 7.10.6.1, and 7.10.7.1)

Scoring Category: CCorrective Action Taken:

WHO:

Assist Vice-Chancellor for Facility Services and Construction; Director of Operations & Compliance for Medical Center Plant Services

WHAT:

Installed missing exit signs.

WHEN:

8/8/12

HOW:

1.The Plant Services Team met with VUMC senior leadership to design and implement the action plan below to ensure compliance with LS.02.01.20 2. A Work order was generated in the Plant Services work management system and assigned to qualified Electric Shop staff who installed the exit signs at the locations referenced. 3. The established EOC survey process monitors exit signs. The EOC survey results are shared with Executive leadership quarterly.

HAP Standard LS.02.01.30 The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

Findings: EP 11 Â§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101Â®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes. This Standard is NOT MET as evidenced by: Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the VUH building it was observed that the corridor door near elevator 11 did not have positive latching hardware installed. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the VUH building it was observed that the corridor door 1465 located in the emergency department did not have positive latching hardware installed. The emergency department was not identified as a suite. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the VUH building it was observed that the corridor door 1466 located in the emergency department did not have positive latching hardware installed. The emergency department was not identified as a suite. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the VUH building it was observed that the

corridor door 1462 located in the emergency department did not have positive latching hardware installed. The emergency department was not identified as a suite. EP 18 Â§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101Â®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes. This Standard is NOT MET as evidenced by: Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the VPH, it was observed that the smoke wall at door 1101 had a penetration that was not properly sealed. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the VUH, it was observed that the smoke wall near the CCT elevator lobby on the 1st floor, had a penetration that was not properly sealed. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the VUH, it was observed in electrical closet 1364, the smoke wall had a penetration that was not properly sealed. The electrical closet did not have a ceiling and was not properly sealed to deck above.

Elements of Performance:

11. Corridor doors are fitted with positive latching hardware, are arranged to restrict the movement of smoke, and are hinged so that they swing. The gap between meeting edges of door pairs is no wider than 1/8 inch, and undercuts are no larger than 1 inch. Roller latches are not acceptable. Note: For existing doors, it is acceptable to use a device that keeps the door closed when a force of 5 foot-pounds are applied to the edge of the door. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.6.3.2, 18/19.3.6.3.1, and 7.2.1.4.1)

Scoring Category: CCorrective Action Taken:

WHO:

Assist Vice-Chancellor for Facility Services and Construction; Director of Utilities & Construction for Medical Center Plant Services. Trained: Plant Services staff

WHAT:

1. Installed positive latching for the door near elevator 11. 2. Obtained Proposal from the door manufacturer's local representative/installer for doors that include positive latching. Issued a Purchase Order accordingly and scheduled installation for completion based on anticipated receipt of materials by installer. 3.Interim Life Safety assessment performed and plan implemented. 4.Retrained plant services staff on SA 40-10.05 Interim Life Safety Implementation.

WHEN:

8/3/12: installed door near elevator 11 8/8/12: obtained

Proposal 9/21/12: new ED doors received 9/7/2012: Interim Life Safety Measure performed and plan implemented

HOW:

1. A Work Order was generated in the Plant Services work management system and assigned to qualified Carpentry Shop staff who physically installed positive latching hardware for the door near elevator 11. 2. A work Order was generated in the Plant Services work management system associated with the Proposal and issuing of a Purchase Order for the Emergency Department doors requiring positive latching. 3. Notified Emergency Room Management of the door positive latching Interim Life Safety Measure. 4.Posted interim Life Safety Measure in Emergency Room Department 5.Retrained Plant Services Staff regarding Interim Life Safety implementation Policy.

18. Smoke barriers extend from the floor slab to the floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.3)

Scoring Category: CCorrective Action Taken:

WHO:

Assist Vice-Chancellor for Facility Services and Construction; Director of Utilities & Construction for Medical Center Plant Services

WHAT:

Sealed penetrations referenced and sealed to deck in electrical closet 1364.

WHEN:

7/27/12

HOW:

1. The Plant Services Team met with VUMC senior leadership to design and implement the action plan below to ensure compliance with LS.02.01.30 EP 18 (C) evidenced by resolution of findings and maintaining and or implementing standardized, systematic processes to sustain a safe patient and staff environment evidenced by the following: 2. A Work order was generated in the Plant Services work management system and assigned to qualified Carpentry Shop staff who physically sealed the penetrations referenced. 3.Implemented the above ceiling permit program for standardization of sealing penetrations. Work was completed by certified staff.

HAP Standard LS.02.01.35 The hospital provides and maintains systems for extinguishing fires.

Findings: EP 4 Â§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101Â®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes. This Standard is NOT MET as evidenced by: Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of Medical Center North building it was observed near room S 5 405 cables were tied to the sprinkler piping. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of Medical Center North building it was observed near room S 5 429 cables were tied to the sprinkler piping. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of VUH building it was observed on the 2nd floor near mechanical room south, cables were tied to the sprinkler piping. EP 5 Â§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101Â®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes. This Standard is NOT MET as evidenced by: Observed in Tracer Activities at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During tracer activity in the Oral Surgery Clinic, it was observed that there was an accumulation of dust on a sprinkler head located in the dirty utility room. Observed in Tracer Activities at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During tracer activity in the Hematology clinic, it was observed that there was an accumulation of dust on the sprinkler head. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the VUH it was observed in the soiled utility room 4206, plastic was wrapped around the sprinkler head. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the Children hospital it was observed it the kitchen, sprinkler head # 1 and # 2 was not free from foreign materials. Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. During the building tour of the Children hospital it was observed it Subway's kitchen, sprinkler head # 3 and # 4 was not free from foreign materials.

Elements of Performance:

4. Piping for approved automatic sprinkler systems is not used to support any other item. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.2)

Scoring Category: CCorrective Action Taken:

WHO:

Assist Vice-Chancellor for Facility Services and Construction; Director of Utilities & Construction for Medical Center Plant Services

WHAT:

Relocated cables.

WHEN:

7/27/2012

HOW:

1. A Work order was generated in the Plant Services work management system and assigned to qualified Electric Shop staff who physically relocated the cables. 2.Implemented the above ceiling permit program for requirements related to sprinkler heads piping. Work was completed by staff with current certification.

5. Sprinkler heads are not damaged and are free from corrosion, foreign materials, and paint. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.1.1)

Scoring Category: CCorrective Action Taken:

WHO:

Assist Vice-Chancellor for Facility Services and Construction; Director of Utilities & Construction for Medical Center Plant Services; Manager of VUMC Plumbing Shop Trained: EVS staff

WHAT:

1. Cleaned sprinkler heads. 2. Trained Environmental. Services(EVS) to clean sprinkler heads.

WHEN:

8/3/12: cleaned sprinkler heads 8/8/12: trained EVS 8/9/2012: indicator added to EOC survey process

HOW:

1.A Work Order was generated in the Plant Services work management system and assigned to qualified Plumbing Shop staff who physically cleaned the sprinkler heads. 2.Trained environmental services staff for ongoing cleaning through face to face demonstration. 3.The established EOC survey process has been revised to include observation of sprinkler heads. Established communication to Executive leadership of EOC Survey Results quarterly.

Vanderbilt University Hospital and The Vanderbilt Clinic

Organization ID: 7892

1211 22nd Avenue SouthNashville, TN 37232-2101

Accreditation Activity - 45-day Evidence of Standards Compliance Form

Due Date: 10/28/2012

HAP Standard LS.01.02.01 **The hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction.**

Findings: EP 3 Observed in Document Review at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site. In review of deficiencies noted from the 7/12 survey, the organization failed to assess and implement ILSM's according to the policy in place (ex. Doors found noncompliant at LS.02.01.30 EP11). This issue was immediately corrected by leadership and AFS10 is not warranted.

Elements of Performance:

3. The hospital has a written interim life safety measure (ILSM) policy that covers situations when Life Safety Code deficiencies cannot be immediately corrected or during periods of construction. The policy includes criteria for evaluating when and to what extent the hospital follows special measures to compensate for increased life safety risk. (See also LS.01.01.01, EP 3)

Scoring Category: A

Corrective Action Taken:

WHO:

Assist Vice-Chancellor for Facility Services and Construction; Director Operations & Compliance for Medical Center Plant Services; Trained: Plant Services and Space and Facilities Staff

WHAT:

1. The Identified Interim Life Safety Measures(ILSM) were created and implemented according to hospital policy SA 40-10.05, Interim Life Safety Implementation. 2. Notified the Emergency Department Clinical Management of the Interim Life Safety Measure status. 3. Posted Interim Life Safety Measure notification in Emergency Department. 4. Created and implemented a PFI due to extension of work process for installation of doors. 5. Revised the standardized process that ILSMs are implemented when a life safety issue is identified. 6. Trained Plant Services and Space and Facilities Staff on revised ILSM process.

WHEN:

9/6/12 created ILSM 9/6/12 notified ED 9/6/12 posted ILSM 9/7/12 created PFI 9/20/12 Revised ILSM process 9/20/12 trained Plant Services and Space and Facilities Staff

HOW:

1. The Plant Services leadership identified and created an ILSM to address the door safety issue. The Plant Services leadership then deployed qualified staff and implemented the ILSM process. 2. Notified the ED Clinical Management of the Interim Life Safety Measure,face to face. 3. Posted an Interim Life Safety Measure in the Emergency Department (ED). 4. Created and implemented a PFI while awaiting door installation. 5. Plant Services leadership created a reliable, standardized ILSM process which requires staff to sign off on each ILSM assessment. ILSMs are regularly reviewed by Plant Services Management to verify ILSM assessment and implementation occurs. 6. Trained Plant Services and Space and Facilities Staff regarding revised ILSM process , face to face.

Vanderbilt University Hospital and The Vanderbilt Clinic

Organization ID: 7892

1211 22nd Avenue SouthNashville, TN 37232-2101

Accreditation Activity - 60-day Evidence of Standards Compliance Form

Due Date: 11/12/2012

HAP Standard LS.02.01.20 The hospital maintains the integrity of the means of egress.

Findings: §482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes. This Standard is NOT MET as evidenced by: Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. EP 13 not cleared, during building tour of 7th floor noted many carts and other equipment stored in corridors. §482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes. This Standard is NOT MET as evidenced by: Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. EP 13 not cleared, during building tour of 7th floor noted many carts and other equipment stored in corridors.

Elements of Performance:

13. Exits, exit accesses, and exit discharges are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice. (For full text and any exceptions, refer to NFPA 101-2000: 7.1.10.1)

Scoring Category: C

Corrective Action Taken:

WHO:

Assist Vice-Chancellor for Facility Services and Construction; Director of Operations & Compliance for Medical Center Plant Services; Assistant Director Vanderbilt Environmental Health & Safety; VUH & TVC COO

WHAT:

1. Removed obstructions from path of egress for all locations referenced to maintain clear corridor and clear exit. 2. Re-communicated egress standard requirement to hospital unit managers by senior leadership. 3. Communicated Environment of Care (EOC) survey results to Hospital Leadership.

WHEN:

8/10/2012: EOC process changed 9/6/12: Date obstructions cleared 10/26/12: Re-communication to managers

HOW:

1. Cleared carts and equipment from 7th Floor Roundwing corridors. 2. Senior leadership re-communicated egress standard requirements via email to hospital unit managers. 3. The EOC survey process includes monitoring of compliance with the required standard. EOC survey process changed to include reporting of survey results to Executive leadership quarterly.

HAP **Standard LS.02.01.30** **The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.**

Findings: §482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes. This Standard is NOT MET as evidenced by: Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. EP11 not cleared. §482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes. This Standard is NOT MET as evidenced by: Observed in Building Tour at Vanderbilt University Hospital and The Vanderbilt Clinic (1211 21st Avenue South, Nashville, TN) site for the Hospital deemed service. EP11 not cleared.

Elements of Performance:

11. Corridor doors are fitted with positive latching hardware, are arranged to restrict the movement of smoke, and are hinged so that they swing. The gap between meeting edges of door pairs is no wider than 1/8 inch, and undercuts are no larger than 1 inch. Roller latches are not acceptable. Note: For existing doors, it is acceptable to use a device that keeps the door closed when a force of 5 foot-pounds are applied to the edge of the door. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.6.3.2, 18/19.3.6.3.1, and 7.2.1.4.1)

Scoring Category: C

Corrective Action Taken:

WHO:

Assist Vice-Chancellor for Facility Services and Construction; Director of Utilities & Construction for Medical Center Plant Services

WHAT:

1. Obtained proposal from the door manufacturer's local representative / installer for replacement doors that include positive latching. 2. Issued a Purchase Order and scheduled installation for completion based on anticipated receipt of materials by installer. 3. Notified Emergency Department management of the door positive latching Interim Life Safety Measure. 4. Posted interim Life Safety Measure in Emergency Department(ED). 5. Created and implemented a PFI while awaiting door installation. 6. Completed installation of ED doors.

WHEN:

8/7/12: Proposal received from door supplier 8/16/12: Purchase Order completed; 9/6/12: Notified Emergency Department management and posted ILSM information 9/7/12: Created PFI 10/15/12: ED doors installation completed

HOW:

1. A Work Order was generated in the Plant Services work management system associated with the proposal and issuing of a Purchase Order for the Emergency Department doors requiring positive latching. 2. Notified Emergency Department management of the door positive latching Interim Life Safety Measure, face to face. 3. Posted Interim Life Safety Measure in Emergency Department. 4. The ED doors were installed by qualified staff.

Vanderbilt University Hospital and The Vanderbilt Clinic

Organization ID: 7892

1211 22nd Avenue SouthNashville, TN 37232-2101

Accreditation Activity - Measure of Success Form

Due Date: 2/14/2013

BHC **Standard CTS.03.01.03** **The organization has a plan for care, treatment, or services that reflects the assessed needs, strengths, preferences, and goals of the individual served.**

Elements of Performance:

3. The objectives of the plan for care, treatment, or services meet the following criteria: - They include identified steps to achieve the goal(s) (See also CTS.03.01.01, EP 3) - They are sufficiently specific to assess the progress of the individual served - They are expressed in terms that provide indices of progress

Scoring Category: C
Stated Goal (%): 90
Month 1 Date: 10/2012
Month 1 Actual Goal (%): 100
Month 2 Date: 11/2012
Month 2 Actual Goal (%): 100
Month 3 Date: 12/2012
Month 3 Actual Goal (%): 97
Month 4 Date: 01/2013
Month 4 Actual Goal (%): 95
Actual Average Goal (%): 98
Optional Comments: Month 1: 36/36 = 100% Month 2: 42/42 = 100% Month 3: 33/34 = 97% Month 4: 39/41 = 95% Actual Average Goal: 150/153 = 98%

HAP **Standard EC.03.01.01** **Staff and licensed independent practitioners are familiar with their roles and responsibilities relative to the environment of care.**

Elements of Performance:

2. Staff and licensed independent practitioners can describe or demonstrate actions to take in the event of an environment of care incident. (See also EC.02.03.01, EP 10 and HR.01.04.01, EP 1)

Scoring Category: C
Stated Goal (%): 90
Month 1 Date: 10/2012
Month 1 Actual Goal (%): 90
Month 2 Date: 11/2012
Month 2 Actual Goal (%): 100
Month 3 Date: 12/2012
Month 3 Actual Goal (%): 100
Month 4 Date: 01/2013
Month 4 Actual Goal (%): 100
Actual Average Goal (%): 97
Optional Comments: Month 1: 36/40 = 90% Month 2: 42/42 = 100% Month 3: 38/38 = 100% Month 4: 39/39 = 100% Actual Average Goal: 155/159 = 97%

HAP Standard PC.01.02.07 The hospital assesses and manages the patient's pain.

Elements of Performance:

3. The hospital reassesses and responds to the patient's pain, based on its reassessment criteria.

Scoring Category: C
Stated Goal (%): 90
Month 1 Date: 10/2012
Month 1 Actual Goal (%): 92
Month 2 Date: 11/2012
Month 2 Actual Goal (%): 96
Month 3 Date: 12/2012
Month 3 Actual Goal (%): 97
Month 4 Date: 01/2013
Month 4 Actual Goal (%): 97
Actual Average Goal (%): 95
Optional Comments: Month 1: 315/344 Month 2: 302/316 Month 3: 315/326 Month 4: 308/319 1240/1305 = 95%

Proof of Publication

State of Tennessee
Health Services and Development Agency
Frost Building, 3rd Floor, 161 Rosa L. Parks Boulevard, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364/Fax: 615-741-9884

October 1, 2013

Ronald W. Hill, vice President, Business Development
Vanderbilt University Medical Center
3319 West End Avenue, Suite 920
Nashville, TN 37203

RE: Certificate of Need Application -- Vanderbilt University Hospitals - CN1309-034

Dear Mr. Hill:

This is to acknowledge the receipt of supplemental information to your application for a Certificate of Need for the expansion and renovation to the existing third floor operating suite by four (4) operating rooms and by providing shell space for future expansion of two (2) additional operating rooms at 1211 Medical Center Drive, Nashville (Davidson County), TN. The estimated project cost is $7,535,709.00.

Please be advised that your application is now considered to be complete by this office. Your application is being forwarded to the Tennessee Department of Health and/or its representative for review.

In accordance with Tennessee Code Annotated, §68-11-1601, et seq., as amended by Public Chapter 780, the 60-day review cycle for this project will begin on October 1, 2013. The first sixty (60) days of the cycle are assigned to the Department of Health, during which time a public hearing may be held on your application. You will be contacted by a representative from this Agency to establish the date, time and place of the hearing should one be requested. At the end of the sixty (60) day period, a written report from the Department of Health or its representative will be forwarded to this office for Agency review within the thirty (30)-day period immediately following. You will receive a copy of their findings. The Health Services and Development Agency will review your application on December 18, 2013.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. § 68-11-1607(d):

(1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.

(2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have questions or require additional information, please contact me.

Sincerely,

Melanie M. Hill
Executive Director

MMH:mab

cc: Trent Sansing, CON Director, TDH

State of Tennessee
Health Services and Development Agency
Frost Building, 3rd Floor, 161 Rosa L. Parks Boulevard, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364/Fax: 615-741-9884

MEMORANDUM

TO: Trent Sansing, CON Director
Office of Policy, Planning and Assessment
Division of Health Statistics
Cordell Hull Building, 6th Floor
425 Fifth Avenue North
Nashville, Tennessee 37247

FROM: Melanie M. Hill
Executive Director

DATE: October 1, 2013

RE: Certificate of Need Application
Vanderbilt University Hospitals - CN1309-034

Please find enclosed an application for a Certificate of Need for the above-referenced project.

This application has undergone initial review by this office and has been deemed complete. It is being forwarded to your agency for a sixty (60) day review period to begin on October 1, 2013 and end on December 1, 2013.

Should there be any questions regarding this application or the review cycle, please contact this office.

MMH:mab

Enclosure

cc: Ronald W. Hill, vice President, Business Development

SEP 9 '13 AM 11:22

LETTER OF INTENT
TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

The Publication of Intent is to be published in the Tennessean (Name of Newspaper) which is a newspaper of general circulation in Davidson (County), Tennessee, on or before September 13 (Month / day), 2013 (Year) for one day.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency,

Vanderbilt University Hospitals (Name of Applicant) an existing acute care hospital (Facility Type-Existing)

owned by: Vanderbilt University with an ownership type of not-for-profit

and to be managed by: Vanderbilt University Hospitals intends to file an application for a Certificate of Need for [PROJECT DESCRIPTION BEGINS HERE]:

the expansion and renovation to the existing third floor operating suite by four operating rooms and by providing shell space for future expansion of two additional operating rooms at 1211 Medical Center Drive, Nashville, TN. Project costs include the four new operating rooms and associated equipment costs. The estimated project cost is $7,535,708.64. No major medical equipment will be involved. The total number of licensed beds will not change as a result of this project.

The anticipated date of filing the application is: September 13, 2013

The contact person for this project is Ronald W. Hill (Contact Name), Vice President, Business Development (Title)

who may be reached at: Vanderbilt University Medical Center (Company Name), 3319 West End Avenue, Suite 920 (Address)

Nashville (City), TN (State), 37203 (Zip Code), 615-936-6012 (Area Code / Phone Number)

Ronald W. Hill (Signature), 9/9/13 (Date), ron.hill@vanderbilt.edu (E-mail Address)

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency
The Frost Building, Third Floor
161 Rosa L. Parks Boulevard
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

ORIGINAL-

SUPPLEMENTAL-1

Vanderbilt University Hospitals

CN1309-034

VANDERBILT UNIVERSITY MEDICAL CENTER

Business Development

SEP 27 '13 AM 10:55

SUPPLEMENTAL- # 1
September 27, 2013
10:58 am

September 27, 2013

Phillip Earhart
Tennessee Health Services and Development Agency
Frost Building, 3rd Floor
161 Rosa L. Parks Boulevard
Nashville, Tennessee 37243

Dear Mr. Earhart:

Enclosed are an original and two copies of responses to the request for supplemental information for Certificate of Need application number CN1309-034 to expand and renovate an existing operating suite.

Respectfully,

Ronald W. Hill

Ronald W. Hill, MPH.
Vice President, Business Development

cc: Ms. Melanie Hill
Mr. Mark Farber

3319 West End Avenue
Suite 920 Crystal Terrace
Nashville, TN 37203

www.mc.vanderbilt.edu

SUPPLEMENTAL- # 1
September 27, 2013
10:58 am

SEP 27'13 AM 10:55

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF Davidson

NAME OF FACILITY: Vanderbilt University Hospitals

I, Ronald W. Hill, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Ronald W. Hill
VICE PRESIDENT, BUSINESS DEVELOPMENT

Sworn to and subscribed before me, a Notary Public, this the 27th day of September, 2013, witness my hand at office in the County of Davidson, State of Tennessee.

Jennifer Hygrell
NOTARY PUBLIC

My commission expires May 5, 2015.

JENNIFER HYGRELL
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

HF-0043

Revised 7/02

State of Tennessee

Health Services and Development Agency
Frost Building, 3rd Floor, 161 Rosa L. Parks Boulevard, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364/Fax: 615-741-9884

SUPPLEMENTAL- # 1
September 27, 2013
10:58 am

Ronald W. Hill
Vice President, Business Development
Vanderbilt University Medical Center
3319 West End Avenue, Suite 920
Nashville, TN 37203

RE: Certificate of Need Application CN1309-034
Vanderbilt University Hospitals

Dear Mr. Hill:

This will acknowledge our September 13, 2013 receipt of your application for a Certificate of Need for the expansion and renovation to the existing third floor operating suite by four operating rooms and by providing shell space for future expansion of two additional operating rooms at 1211 Medical Center Drive, Nashville (Davidson County), TN.

Several items were found which need clarification or additional discussion. Please review the list of questions below and address them as indicated. The questions have been keyed to the application form for your convenience. I should emphasize that an application cannot be deemed complete and the review cycle begun until all questions have been answered and furnished to this office.

Please submit responses in triplicate by 12:00 p.m., Friday, September 27, 2013. If the supplemental information requested in this letter is not submitted by or before this time, then consideration of this application may be delayed into a later review cycle.

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1. **Section A, Applicant Profile, Item 13**

   Please clarify if Vanderbilt University Hospital is contracted with TennCare Select.

   Response: Yes, Vanderbilt University Hospital is contracted with TennCare Select.

2. **Section B, Project Description, Item 1**

   Please provide a brief description of staffing.

   Response: VUH ORs are staffed with surgical nurses, surgical techs and other ancillary support appropriate to the acuity of the case. In total VUH employs approximately 354 surgical nurses, 124 surgical techs, 39 nurse managers and 405 other ancillary support positions that assist in ORs cases. In general, the staffing for a surgery suite consists of those positions provided in the application, which include nurses, surgical techs and nurse manager/ facility administrator.

   What is the current number of operating rooms located on the third floor of Vanderbilt University Hospital?

   Response: The current number of operating rooms on the third floor of VUH is 46.

When does the applicant project that shell space will need to be finished and available as OR's?

Response: Currently, these two shelled ORs are anticipated to be built out only when volume justifies their opening. Given that construction to the area will involve extensive mechanical and electrical work, it makes sense to shell the additional two rooms so they are available for later use with minimal disruption.

3. **Section B, Project Description, Item III (Plot Plan)**

Please provide a Plot Plan with the size of the site (in acres).

Response: Please see attached plot plan that shows the medical center is approximately 16.5 acres and VUH is approximately 2.3 acres. (Attachment 1)

4. **Section C, Need, Item 1.**

STATE HEALTH PLAN

Tennessee Code Annotated Section 68-11-1625 requires the Tennessee Department of Health's Division of Health Planning to develop and annually update the State Health Plan (found at http://www.tn.gov/finance/healthplanning/). The State Health Plan guides the state in the development of health care programs and policies and in the allocation of health care resources in the state, including the Certificate of Need program. The 5 Principles for Achieving Better Health form the State Health Plan's framework and inform the Certificate of Need program and its standards and criteria.

Please discuss how the proposed project will relate to the 5 Principles for Achieving Better Health found in the State Health Plan. Each Principle is listed below with example questions to help the applicant in its thinking.

1. The purpose of the State Health Plan is to improve the health of Tennesseans.

    a. How will this proposal protect, promote, and improve the health of Tennesseans over time?

    Response: The addition of four ORs at VUH will provide additional capacity for the many state residents who choose to access VUH. Surgical intervention promotes health in that it can relieve otherwise debilitating conditions. Examples include surgical weight loss interventions, which reduce possible comorbidities associated with obesity, and joint replacement surgery, which allows for continued active lifestyles.

    b. What health outcomes will be impacted and how will the applicant measure improvement in health outcomes?

    Response: All surgical outcomes are reviewed on a regular basis by numerous teams including the Perioperative Executive Committee (meets weekly) and the Perioperative Enterprise Committee (meets monthly). The Perioperative Enterprise Committee reports directly to the Medical Center Medical Board.

Outcomes include metrics associated with any adverse event, wound infection rates, mortality and other indicators. Specific quality improvement and patient safety interventions are implemented in response to these data.

How does the applicant intend to act upon available data to measure its contribution to improving health outcomes?

Response: Feedback to surgeons and surgical teams provides comparative information benchmarked internally and externally by using standards such as those in use by the Joint Commission (National Patient Safety Goals), University Healthsystem Consortium, Tennessee Center for Performance Excellence, The Leapfrog Group, and Magnet.

2. Every citizen should have reasonable access to health care.

   a. How will this proposal improve access to health care? You may want to consider geographic, insurance, use of technology, and disparity issues (including income disparity), among others.

   Response: Additional surgical capacity at VUH will provide increased access for all patients regardless of geographic origin, race, gender or financial considerations. VUH is both a Level I trauma center as well as a major safety net hospital providing over $370 million per year to indigent and uninsured populations. VUH houses many unique innovative technologies.

   b. How will this proposal improve information provided to patients and referring physicians?

   Response: An electronic health record is in place at VUH that can be accessed by physicians and the MyHealthatVandy patient portal is in place for communications between patients and their physician providers. Surgical case information and discharge summaries are available to referring physicians through the Provider Communication Wizard.

   c. How does the applicant work to improve health literacy among its patient population, including communications between patients and providers?

   Response: VUH has an entire array of resources devoted to patient satisfaction, and these resources include information about disease conditions and appropriate treatment modalities for patient use. Providers are coached regarding important attributes of effective interaction with patients. In addition, an active translation service is available for those patients with difficulty with the English language.

3. The State's health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies, and the continued development of the State's health care system.

a. How will this proposal lower the cost of health care?

Response: VUH has mechanisms in place to assure the right kind of care is delivered at the right time and place. As such, system costs will be reduced if only the right intervention is implemented and inappropriate interventions are avoided.

b. How will this proposal encourage economic efficiencies?

Response: Economic efficiencies are achieved by mechanisms in place through the Perioperative Executive Committee (meets weekly) and the Perioperative Enterprise Committee (meets monthly) programs that review outcomes and appropriateness of interventions.

c. What information will be made available to the community that will encourage a competitive market for health care services?

Response: As the health care industry transforms, additional health care systems and associated insurance exchanges will become available to the community. These exchanges will provide transparent market data allowing for better choices by consumers.

4. Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers.

a. How will this proposal help health care providers adhere to professional standards?

Response: All surgical outcomes are reviewed on a regular basis by the Perioperative Executive Committee (meets weekly) and the Perioperative Enterprise Committee (meets monthly). Feedback to surgeons and surgical teams provides comparative information so that improvement is benchmarked both internally and externally.

b. How will this proposal encourage continued improvement in the quality of care provided by the health care workforce?

Response: Those trained to participate in the extensive quality control mechanisms in place at VUH will be able to help implement similar quality improvement programs in other venues.

5. The state should support the development, recruitment, and retention of a sufficient and quality health care workforce.*

a. How will this proposal provide employment opportunities for the health care workforce?

Response: Additional staffing will be needed for the proposal. Even in a time of employee reductions at most hospitals, patient care related positions remain a priority at VUH.

b. How will this proposal complement the existing Service Area workforce?

Response: VUH participates in training programs for physicians, nurses, and allied healthcare workers.

5. **Section C, Need, Item 1.a. (Project Specific Criteria-Construction, Renovation, Expansion)**

Please complete the Project Specific Criteria Construction Renovation, Expansion and Replacement of Health Care Institutions.

1. Any project that includes the addition of beds, services, or medical equipment will be reviewed under the standards for those specific activities.

Response: Not applicable because the project does not include beds, services, or medical equipment to be reviewed under the standards.

2. For relocation or replacement of an existing licensed health care institution:

Response: Not applicable because it is not a relocation or replacement of an existing licensed health care institution.

a. The applicant should provide plans which include costs for both renovation and relocation, demonstrating the strengths and weaknesses of each alternative.

b. The applicant should demonstrate that there is an acceptable existing or projected future demand for the proposed project.

3. For renovation or expansions of an existing licensed health care institution:

a. The applicant should demonstrate that there is an acceptable existing demand for the proposed project.

Response: The proposed project is a consequence of high current surgical volume and projections for future growth as patients continue to access the subspecialty surgical care available at Vanderbilt. Patients from an extended service area, including patients from out of state, utilize the facility. There were roughly 30,645 adult surgical cases at VUH in FY13. In addition, the Vanderbilt surgical case volume currently at the Nashville Surgery

Center will be relocated to VUH in October 2014, resulting in approximately 3,000 additional cases. As a result of this relocation and the demand for surgical services, it is projected that there will be approximately 38,600 surgical cases by FY17 at VUH.

In order to meet these volume projections, the additional operating rooms are necessary.

b. The applicant should demonstrate that the existing physical plant's condition warrants major renovation or expansion.

Response: The area proposed in this project is immediately adjacent to existing surgical capacity within VUH. The proposed project will achieve operational efficiencies by expanding the operating room capacity adjacent to the existing operating rooms at VUH. This expansion will also improve patient flow and care coordination by utilizing existing resources. Vanderbilt is committed to an evidenced-based approach to the delivery of care, which will also assure cost-effective approaches to patient care.

6. Section C, Need, Item 2

The applicant states the Vanderbilt Surgical volume currently at the Nashville Surgery Center will be relocated to VUH in October 2012, resulting in approximately 3,000 additional cases. Please address the following questions in relation to the previous statement:

- What is the applicant's relationship to Nashville Surgery Center?

  Response: Vanderbilt, through its Vanderbilt Health Services, has a 40% ownership position in the Nashville Surgery Center. Surgical Care Affiliates owns the other 60% of the facility and manages the facility.

- Why are the 3,000 cases being transferred from Nashville Surgery Center to VUH?

  Response: Vanderbilt intends to consolidate the surgical cases currently at Nashville Surgery Center as a strategic and operational priority once additional capacity is in place on the main campus.

- The 2012 Joint annual Report for Nashville Surgery Center indicates there were 4,126 surgical cases. Does the applicant expect to lose over 25% of the previous surgical volume at Nashville Surgery Center in the relocation?

  Response: No. There are providers other than Vanderbilt providers who practice at the Nashville Surgery Center. Only the Vanderbilt cases will be relocated to the main campus.

The projections of 38,600 surgical cases by FY17 at VUH as a result of the Nashville Surgery Center location and demand for surgical services are noted. Please indicate the average case per room in FY17 using the 38,600 surgical case projection.

Response: The average case per room used in FY17 will be approximately 700 cases.

7. **Section C, Need, Item 4.A. and 4.B.**

Your response to this item is noted. Using population data from the Department of Health, enrollee data from the Bureau of TennCare, and demographic information from the US Census Bureau, please complete the following table and include data **for each county** in your proposed service area.

Response: An attachment to the original application provides several of the demographic variables requested, including household income and median household age, on a county specific basis for the extensive service area which includes counties in Kentucky as well. A chart indicating TennCare enrollees as a percent of population is provided below for the Tennessee counties included in the extensive service area.

SUPPLEMENTAL- # 1
September 27, 2013
10:58 am

TN County	2013 Population*	2013 Median HH Income*	TennCare Enrollees (June 2013)**	TennCare Enrollees as % of Total**
Bedford	46,028	$35,847	10,670	0.9%
Cannon	13,706	$36,961	2,618	0.2%
Cheatham	39,028	$47,846	6,113	0.5%
Clay	7,638	$31,579	1,901	0.2%
Coffee	53,256	$36,082	11,097	0.9%
Cumberland	57,297	$33,147	10,349	0.9%
Davidson	645,722	$40,192	119,406	10.0%
DeKalb	19,002	$32,138	4,385	0.4%
Dickson	50,556	$37,026	8,855	0.7%
Fentress	18,086	$29,637	5,438	0.5%
Franklin	40,736	$39,243	6,304	0.5%
Giles	29,252	$31,864	5,253	0.4%
Grundy	13,350	$25,879	4,423	0.4%
Hickman	24,053	$42,321	5,248	0.4%
Houston	8,218	$34,201	1,699	0.1%
Humphreys	18,381	$36,265	3,504	0.3%
Jackson	11,046	$32,041	2,538	0.2%
Lawrence	42,385	$34,403	8,494	0.7%
Lewis	12,114	$35,045	2,558	0.2%
Lincoln	33,500	$41,089	6,269	0.5%
Macon	22,760	$28,824	5,890	0.5%
Marshall	31,183	$34,925	5,522	0.5%
Maury	82,133	$43,774	14,544	1.2%
Montgomery	181,674	$47,161	23,198	1.9%
Moore	6,467	$43,522	818	0.1%
Overton	22,263	$32,421	4,417	0.4%
Perry	7,874	$27,486	1,832	0.2%
Pickett	5,174	$30,596	984	0.1%
Putnam	73,688	$33,861	14,142	1.2%
Robertson	68,061	$50,092	10,988	0.9%
Rutherford	276,375	$47,362	36,196	3.0%
Smith	19,122	$33,347	3,673	0.3%
Stewart	13,014	$40,618	2,504	0.2%
Sumner	167,264	$44,284	22,935	1.9%
Trousdale	7,748	$42,358	1,702	0.1%
Van Buren	5,403	$27,311	1,157	0.1%
Warren	40,016	$29,798	9,232	0.8%
Wayne	16,859	$35,343	2,823	0.2%
White	26,506	$34,059	5,950	0.5%
Williamson	194,928	$83,220	8,343	0.7%
Wilson	119,707	$51,112	14,563	1.2%
41 County Total	2,571,573	$1,554,280	418,532	35.0%
State of TN			**1,194,908**	

*Source: © 2013 The Nielsen Company, © 2013 Truven Health Analytics Inc.
**Source: TN Bureau of TennCare

8. Section C, Need, Item 6

The chart of all 2009 inpatient and outpatient surgical volume in attachment C.Need.5 is noted. Please provide utilization and/or occupancy trends for each of the most recent three years of data available for this project.

Response: It is not practicable to provide the requested information on each of 68 surgical suites at Vanderbilt, both on and off campus; therefore, we are providing information as follows:

1. **A general description of the approach to scheduling and hours of operation for VUH surgeries.**
2. **A chart with surgical specialties and number of active surgeons**
3. **A chart showing the inpatient and outpatient surgical cases by specialty at VUH for recent prior years**
4. **Both charts provided have an estimated total for the two years after implementation of the project since projections of the number of surgeons and their respective specialties are dependent upon successful recruitment strategies.**

General Description

As a Level I trauma center, and as an institution with a burn center, transplant center and a robust Emergency Department, it must be recognized that case types and specialty uses vary by OR depending on the demand experienced at any given time.

For scheduling and operational planning purposes a block scheduling of operating rooms is typically employed. All surgical suites are anticipated to be open on a schedule of 7AM to 5PM or 7PM, depending on the specialty, Monday through Friday, as well as a subset of ORs that are open 24/7 365 days per year.

Once again, demand drives the use of operating rooms and some rooms are larger in order to accommodate the additional equipment needed for cases such as cardiovascular, neurological, transplant, and trauma cases. The VUH operating rooms vary from approximately 400 to approximately 1,200 square feet per room.

The proposed project provides additional capacity but does not alter the operational approach to surgeries at VUH.

Please identify the surgical specialties and the number of active surgeons, who currently operate in the surgical suite and the number which the applicant plans to add in the future.

Response: The chart provided portrays the surgical specialties and number of active surgeons at VUH for recent prior years. For the two years following project completion, an estimated total has been provided since the number of surgeons is dependent upon recruitment.

	FY10	FY11	FY12	FY13	FY16	FY17
Bronch	12	15	17	16		
Cardiac	8	8	9	10		
ENT	17	22	25	24		
General	13	12	13	13		
GYN	21	29	32	29		
Hepatobiliary	4	4	5	4		
Neurosurgery	15	14	13	15		
Ophthalmology	17	17	17	17		
Oral Surgery	4	4	4	5		
Orthopaedics	28	30	28	29		
Other	1	1	4	5		
Plastics	8	8	8	9		
Renal	3	3	4	4		
Surg Onc	10	10	11	11		
Thoracic	4	4	4	4		
Trauma	15	16	16	13		
Urology	19	18	20	20		
Vascular	4	5	4	4		
Grand Total	203	220	234	232	240	242

Please provide the historical and projected number of cases by specialty.

Response: The chart provided on the following page (page 11) portrays the inpatient and outpatient surgical cases by specialty at VUH for recent prior years. For the two years following project completion, an estimated total has been provided.

	FY10	FY11	FY12	FY13	FY16	FY17
Bronch	**286**	**792**	**1005**	**1148**		
I	99	252	280	299		
O	187	540	725	849		
Cardiac	**1,194**	**1,018**	**1,234**	**1,274**		
I	1,192	1,016	1,229	1,268		
O	2	2	5	6		
ENT	**2,597**	**2,972**	**3,253**	**3,504**		
I	791	963	880	835		
O	1,806	2,009	2,373	2,669		
General	**2,266**	**2,417**	**2,494**	**2,439**		
I	1,195	1,258	1,270	1,277		
O	1,071	1,159	1,224	1,162		
GYN	**1,773**	**1,884**	**2,209**	**2,114**		
I	608	573	597	547		
O	1,165	1,311	1,612	1,567		
Hepatobiliary	**301**	**414**	**378**	**324**		
I	269	354	338	288		
O	32	60	40	36		
Neurosurgery	**2,474**	**2,655**	**2,691**	**2,839**		
I	1,943	2,112	2,098	2,215		
O	531	543	593	624		
Ophthalmology	**1,061**	**1,090**	**1,075**	**1,138**		
I	100	122	116	128		
O	961	968	959	1,010		
Oral Surgery	**566**	**634**	**606**	**523**		
I	290	309	261	272		
O	276	325	345	251		
Orthopaedics	**5,077**	**5,106**	**5,205**	**5,523**		
I	4,319	4,163	4,053	4,270		
O	758	943	1,152	1,253		
Other	**37**	**30**	**92**	**106**		
I	14	7	40	59		
O	23	23	52	47		
Plastics	**1,544**	**1,644**	**1,835**	**1,835**		
I	618	670	801	773		
O	926	974	1,034	1,062		
Renal	**510**	**555**	**619**	**602**		
I	239	275	310	313		
O	271	280	309	289		
Surg Onc	**1,675**	**1,878**	**2,003**	**2,302**		
I	515	534	535	600		
O	1,160	1,344	1,468	1,702		
Thoracic	**685**	**727**	**679**	**707**		
I	547	605	562	589		
O	138	122	117	118		
Trauma	**2,053**	**2,057**	**1,959**	**1,891**		
I	1,962	1,973	1,867	1,769		
O	91	84	92	122		
Urology	**3,294**	**3,183**	**3,630**	**3,551**		
I	1,546	1,438	1,364	1,317		
O	1,748	1,745	2,266	2,234		
Vascular	**947**	**1,135**	**1,117**	**1,106**		
I	576	710	688	638		
O	371	425	429	468		
Grand Total	**28,340**	**30,191**	**32,084**	**32,926**		
Vanderbilt Surgeons at Nashville Surgery Center						
O	2,944	2,704	2,885	3,021	-	-
Total VUH and NSC	**31,284**	**32,895**	**34,969**	**35,947**	**37,586**	**38,606**

Please provide the following information for VUH for the most recent year available.

Response: The chart below portrays only the main operating rooms and one other OR room at VUH. The one other OR room provides unique, specialized surgeries requiring bronchoscopic capabilities; this room is not what would routinely be referred to as a bronchoscopy suite. In addition, the chart was completed using only weekday cases (Monday through Friday).

	No. of VUH Main OR Rooms	Cases	Case per Room	Minutes Used	Average Turnaround Time	Schedulable minutes	% of Schedulable Time Used
Operating Rooms	50	30,091	601.82	5,058,603	42 mins	7,590,000	83.3%
Endoscopy Procedure Rooms							
Cystoscopy Rooms							
Other OR Room	1	1,146	48.99	56,146	20 mins	121,440	65.1%
Total Surgical Suite	51	31,237	n/a	5,114,749	n/a	7,711,440	n/a

Please provide the following for Nashville Surgery Center for the most recent year available:

Response: These data are not available as Vanderbilt is a minority owner.

	No. of Rooms	Procedures	Procedures / Room	Minutes Used	Average Turnaround Time	Schedulable minutes*	% of Schedulable Time Used
Operating Rooms							
Endoscopy Procedure Rooms							
Cystoscopy Rooms							
Other Procedure Rooms							
Total Surgical Suite							

* defined as the summation of the minutes by each room available for scheduled cases
Example: 7:30 AM to 4:30 PM, 5 days per week, 50 weeks/ year, equates to 9 hrs/day X 60 min/hr = 540 minutes/day X 5 days/week = 2,700 minutes / week X 50 weeks/year=135,000 schedulable minutes/room X the number of rooms=surgical suite schedulable capacity

9. Section C. Economic Feasibility Item 1 (Project Cost Chart)

Please provide documentation from a licensed architect or construction professional:

Response: See the attached letter from Vanderbilt University Medical Center Space and Facilities department describing the project and the fact that it will be managed to meet all applicable regulatory requirements.

1) a general description of the project,
2) his/her estimate of the cost to construct the project to provide a physical environment, according to applicable federal, state and local construction codes, standards, specifications, and requirements and
3) attesting that the physical environment will conform to applicable federal standards, manufacturer's specifications and licensing agencies' requirements including the new 2010 AIA Guidelines for Design and Construction of Hospital and Health Care Facilities.

Please break-out the cost of (4) anesthesia machines and (4) bariatric tables that total $1,219,427.36 in the Project Costs Chart.

Response: Please see the cost per anesthesia machine and bariatric table below.

Anesthesia Machine	**$95,000 each**
OR Table (which is capable of accommodating obese patients)	**$50,000 each**

10. Section C, Economic Feasibility, Item 3

Please compare the cost per square foot of construction to CN1307-028A, Saint Thomas Midtown Hospital f/k/a Baptist Hospital.

Response: The estimated cost per square foot of construction in CN1307-028A is $339 per square foot (or $303 excluding demolition); please see date stamped page 10 of the application. The estimated cost of this project ($475 per square foot) is higher due to the higher construction costs due to the extensive mechanical and electrical work demanded by this project.

11. Section C, Economic Feasibility, Item 4 (Historical Data Chart and Projected Data Chart)

Please clarify the reason there was a 34.5% increase in charity care from 2010 to 2012 while gross operating revenue only increased 20.5% during the same time period in the Historical Data chart.

Response: During the three fiscal years indicated in the chart, Vanderbilt has experienced an increase in self pay patients, an increase in bad debt expense (due to increased patient responsibility such as that in high deductible health plans), and an increase in denied claims.

Please discuss the impact the Affordable Care Act (ACA) will have on VUH's gross operating revenue and deductions from Operating Revenue for FY 2016 and FY 2017.

Response: Projections for the impact of sequestration, ACA, NIH funding are incorporated in future year projections for medical center operating revenue. The combined impacts are thought to result in the need to reduce $250 million from the budget over the next two fiscal years. Exact calculations on VUH gross operating revenue and deductions from revenue are not available given the uncertainty of the transformation of the healthcare industry and uncertainties regarding Tennessee participation in health exchanges and Medicaid expansion.

Please clarify why there are no expenses for physician's salaries and wages in the Projected Data Chart.

Response: Physicians at Vanderbilt are employed by the Vanderbilt Medical Group, a physician practice. As a consequence, physician salaries are not allocable to the project.

The HSDA is utilizing more detailed Historical and Projected Data Charts. Please complete the revised Projected Data Chart provided at the end of this request for supplemental information. Please note that "Management Fees to Affiliates" should include management fees paid by agreement to the parent company, another subsidiary of the parent company, or a third party with common ownership as the applicant entity. "Management Fees to Non-Affiliates" should also include any management fees paid by agreement to third party entities not having common ownership with the applicant. Management fees should not include expense allocations for support services, e.g., finance, human resources, information technology, legal, managed care, planning marketing, quality assurance, etc. that have been consolidated/centralized for the subsidiaries of a parent company.

Response: There are no Management Fees to Affiliates or Non-Affiliates. The detail of the other expenses is provided below.

In addition, the Other Expense Category has been provided in detail below by the high level accounting categories that are available in the intuitional accounting system. These high level categories are compiled from hundreds of small expense categories.

PROJECTED DATA CHART

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in July (Month).

		Year_____	Year_____
A.	Utilization Data (Specify unit of measure)	2,675	2,729
B.	Revenue from Services to Patients		
1.	Inpatient Services	$72,695,280	$74,162,774
2.	Outpatient Services	$35,092,393	$35,800,800
3.	Emergency Services	_____	_____
4.	Other Operating Revenue (Specify)_____	_____	_____
	Gross Operating Revenue	$107,787,673	$109,963,574
C.	Deductions from Gross Operating Revenue		
1.	Contractual Adjustments	$69,464,626	$70,866,903
2.	Provision for Charity Care	$6,882,847	$7,021,791
3.	Provisions for Bad Debt	$1,994,264	$2,034,522
	Total Deductions	$78,341,737	$79,923,215
NET OPERATING REVENUE		$29,445,936	$30,040,359
D.	Operating Expenses		
1.	Salaries and Wages	$5,329,333	$5,436,916
2.	Physician's Salaries and Wages	_____	_____
3.	Supplies	$6,996,465	$7,137,702

4.	Taxes	_____	_____
5.	Depreciation	$550,000	$550,000
6.	Rent	_____	_____
7.	Interest, other than Capital	_____	_____
8.	Management Fees:		
	a. Fees to Affiliates	_____	_____
	b. Fees to Non-Affiliates	_____	_____
9.	Other Expenses	$13,358,794	$13,628,467
	Total Operating Expenses	$26,234,593	$26,753,085
E.	Other Revenue (Expenses) -- Net (Specify)_____	$ 0	$ 0
NET OPERATING INCOME (LOSS)		$ 3,211,343	$3,287,273
F.	Capital Expenditures		
1.	Retirement of Principal	$_____	$_____
2.	Interest	_____	_____
	Total Capital Expenditures	**$**_____	**$**_____
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES		$ 3,211,343	$3,287,273

PROJECTED DATA CHART-OTHER EXPENSES

	OTHER EXPENSES CATEGORIES	**FY16**	**FY17**
1.	General & Administrative	$4,808,179	$4,905,242
2.	Fringe Benefits	$1,385,627	$1,413,598
3.	Interest	$1,249,781	$1,275,010
4.	Equipment Costs	$1,098,489	$1,120,665
5.	Laundry & Housekeeping	$678,998	$692,705
6.	Plant Operations	$358,642	$365,882
7.	Other	$3,779,078	$3,855,366
	Total Other Expenses	$13,358,794	$13,628,467

12. Section C, Economic Feasibility, Item 9

The applicant states 45% of Vanderbilt's revenue was Medicare, Medicaid, Bad Debt and Charity Care in FY 10-11 and FY 11-12. Please clarify why bad debt and charity care was classified as revenue.

Response: The categories in the chart each represent gross charges; therefore, 45% is the portion of charges for the services rendered to these categories of patients.

13. Section C, Contribution to the Orderly Development of Health Care, Item 2

Please provide a copy of the recent Blue Cross Blue Shield white paper that the applicant states evidences the in-migration to major referral centers from the outlying areas.

Response: Please see attached copy of the Blue Cross Blue Shield white paper.

14. Section C, Contribution to the Orderly Development of Health Care, Item 7 (d)

The Joint Commission survey dated April 27, 2012 is noted. Please clarify if this survey also included Nashville Surgery Center. If not, please attach the latest survey for Nashville Surgery Center.

Response: Nashville Surgery Center is a separate operating entity.

15. Section C, Contribution to the Orderly Development of Health Care, Item 8 and 9

The two questions apply to the applicant. Please respond in a manner other than "Not applicable".

Response:

Item 8:
Document and explain any final orders or judgments entered in any state or country by a licensing agency or court against professional licenses held by the applicant or any entities or persons with more than a 5% ownership interest in the applicant. Such information is to be provided for licenses regardless of whether such license is currently held.

No such final orders or judgments exist.

Item 9:
Identify and explain any final civil or criminal judgments for fraud or theft against any person or entity with more than a 5% ownership interest in the project.

No such final civil or criminal judgments for fraud or theft exist.

In accordance with Tennessee Code Annotated, §68-11-1607(c) (5), "...If an application is not deemed complete within sixty (60) days after written notification is given to the applicant by the agency staff that the application is deemed incomplete, the application shall be deemed void." **For this application the sixtieth (60th) day after written notification is November 22, 2013. If this application is not deemed complete by this date, the application will be deemed void.** Agency Rule 0720-10-.03(4) (d) (2) indicates

that "Failure of the applicant to meet this deadline will result in the application being considered withdrawn and returned to the contact person. Re-submittal of the application must be accomplished in accordance with Rule 0720-10-.03 and requires an additional filing fee." Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days allowed by the statute. The supplemental information must be submitted with the enclosed affidavit, which shall be executed and notarized; please attach the notarized affidavit to the supplemental information.

If all supplemental information is not received and the application officially deemed complete prior to the beginning of the next review cycle, then consideration of the application could be delayed into a later review cycle. The review cycle for each application shall begin on the first day of the month after the application has been deemed complete by the staff of the Health Services and Development Agency.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. ɔ 68-11-1607(d):

(1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.

(2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have any questions or require additional information, please contact this office.

Sincerely,

Phillip Earhart
HSD Examiner

Enclosure

SUPPLEMENTAL- # 1
September 27, 2013
10:58 am

VANDERBILT UNIVERSITY MEDICAL CENTER

Office of Space and Facilities Planning

September 26, 2013

Phillip Earhart
Health Services and Development Agency
Frost Building, 3rd Floor
161 Rosa L. Parks Blvd.
Nashville TN 37243

Re: CERTIFICATE OF NEED
THE VANDERBILT CLINIC 3RD FLOOR - 4 OR's

Dear Mr. Earhart:

This project will provide four additional OR's in TVC 3rd floor. Earl Swenson Associates, the architect, is working to complete construction documents which will conform to applicable federal, state, and local construction codes, standards, specification and requirements. We attest that this project will provide a physical environment which will conform to applicable federal standards, manufacturer's specifications, and licensing agencies' requirements, including the new 2010 AIA Guidelines for Design and Construction of Hospital and Health Care Facilities.

Turner Universal, the Construction Manager, has completed a conceptual estimate for this work and agrees that the construction budget is $4,326,482 and is appropriate, based on the conceptual design. A construction duration of seven months is expected to complete this work.

Sincerely,

James C. Tenpenny
Architect

Cc: Ronald W. Hill, MPH

Crystal Terrace
3319 West End Ave., Suite 200
Nashville, TN 37203-1050

tel 615.322.4962
fax 615.343.8388
http://osfp.mc.vanderbilt.edu

of Tennessee Health Institute
ISSUE BRIEF
September 2012

Steven L. Coulter, M.D.
BlueCross BlueShield of Tennessee Health Institute

Stephen G. Jones, Ph.D.
BlueCross BlueShield of Tennessee

J. Payne Carden
BlueCross BlueShield of Tennessee Health Institute

Patterns of Care in Tennessee

Use of rural vs. non-rural facilities

Previous research papers from the BlueCross BlueShield of Tennessee Health Institute have demonstrated a potential health care capacity crisis in Tennessee. In light of that, the Health Institute thought it important to examine actual patterns of care, such as where Tennesseans are going to obtain medical services. For this approach, our organization's research focused primarily — though not exclusively — on patterns of care for rural residents. The hypothesis in each case studied was that geographic proximity to a health care facility would have a statistically significant influence on a patient's ability to seek care. This hypothesis proved to be false.

The starting point: rural and non-rural care facilities

Starting with the Tennessee state list of licensed facilities, the pattern research first eliminated all specialty facilities from the study, such as psychiatric hospitals, rehabilitation hospitals, children's hospitals, and long-term care facilities for patients on respirators. This left 101 hospitals remaining, with those classified as either rural, small rural, urban, tertiary, or rural referral. For simplicity, these were regrouped as either rural (n=63) or non-rural (n=38).

Commercial data used from BlueCross BlueShield of Tennessee showed there were 60,414 hospital inpatient stays in those facilities in 2009. Of those, the data showed that 48,405 were by people living in Tennessee or in the state's contiguous counties. (Arriving at this figure was necessary to exclude those patients who come to our major teaching hospitals from out-of-state.)

Next, the study calculated the nearest facility on a straight-line basis for each of those stays.

Each stay was then categorized using the Diagnosis Related Groups (DRG) classification system, which groups inpatient stays based on similar diagnosis codes, severity, and patient demographics. After eliminating stays with an unknown DRG classification (e.g. M98, M99), 47,300 stays were retained for further analysis. Of those, 33,041 (69.9%) were not at the member's closest care facility.

An attempt was then made to compare apples to apples from the standpoint of medical services offered at competing non-rural facilities. In other words, it is not reasonable to say that a patient "chose" a non-rural hospital over a rural one if the service he or she needed (e.g. a coronary bypass) was not available at the closer facility. This methodology left 20,536 people (43.4%) who made a *choice* to "migrate." Since the research examined the DRG claims actually submitted by each rural facility, the assumption was made that a service was not offered by a facility if there had been no claims submitted by that facility for that DRG in 2009. Therefore, this method may

understate the actual range of services offered by a rural hospital, and in turn would make the estimates of the number of rural people leaving their area conservative ones.

Those rural members, defined as those whose closest facility was a rural facility, willingly migrated and chose a facility that was, on average, 22.6 miles farther away than their closest facility. For those who are interested, there is a more complete discussion of methodology in the appendix.

What do the numbers show?

In simple terms, almost half of the people in rural areas are not using the hospital closest to them, preferring to go to a larger, non-rural hospital to get care, *even if the same services are available locally*.

Proximity vs. mobility

Distance may not be a barrier in today's mobile culture. When most of the state's rural hospitals were established, transportation was much more difficult than it is today, particularly when transporting severely ill patients. Transportation capability has changed from a family member with a station wagon, who sped to the closest emergency room, to a rapid-response helicopter that can travel any direction, begin effective treatment in-flight, and evacuate the patient to larger, more distant facilities in mere minutes.

Technology vs. investment capital

Additionally, when most rural hospitals were established, their service capabilities were similar to those provided by facilities in more urban locations. All of that has changed with the explosion in technology in the medical care industry. Effective hospitals are typically highly capital intensive, and often, the rural facilities just don't have the money to keep up. While some rural facilities have maintained an adequate patient base to be financially viable, others have not.

Capacity vs. costs

But then, what about capacity? Do the urban referral centers have the capacity to take on the additional patients? All large hospitals in the state have far more licensed beds than staffed beds. That means, simply put, that they have beds already on their fixed cost base, and they could staff up those beds by incurring only variable (staffing) costs.

Preventive care and treatment choices

In addition to examining the numbers for inpatient stays, pattern examples from both preventive care and treatment of a medical condition were explored. The examples studied could serve to give a better view of how the health care delivery system could be structured, since these tests involve patient choice and elective care situations. The geographical correlation analysis of the delivery system could also provide insight into how providers and patients interact — and whether geographic barriers of access still exist in today's mobile world.

1. The preventive care analysis first examined a commonly studied interaction between access to a mammogram facility and the likelihood of women being adherent with recommended breast cancer screenings. The analysis included nearly 23,000 female patients insured by BlueCross BlueShield of Tennessee with ages ranging from 42 to 69. Of these women, 53% were past due to receive their recommended breast cancer

screening. From supplied home address information, the patients' residential locations were mapped using a geographic information system. The 196 accredited mammography facilities in Tennessee were mapped, as well. Then, a statistical model was constructed to determine if distance from the home to the nearest facility had any influence on adherence with the screening, while controlling for other factors, such as race, age and socio-economic status.

What do the numbers show?

Results suggest that distance had no influence. In fact, the average distance from a member's residence to the nearest mammography facility was almost identical for adherent patients (4.77 ± 0.04 miles) versus non-adherent patients (4.76 ± 0.04 miles). In other words, a patient's proximity to a mammography facility does not predict that they are more likely to be compliant with the Centers for Disease Control's preventive guidelines for mammography screening.

2. For a treatment measure, since low-back pain is one of the three most common non-obstetrical diagnoses treated in Tennessee hospitals, analysis further examined the likelihood that a patient diagnosed with low-back pain would have surgery. (The appropriateness of surgery was not a part of the analysis — just whether surgery occurred, since that indicates access to a surgical facility). Just as before, the analysis mapped the patients with a clinical diagnosis of low-back pain (n=6152), and employed a balanced design containing 3,076 patients who had back surgery following their diagnosis and 3,076 patients who did not have back surgery following their diagnosis. Again, the study was controlled for various socio-economic and health status factors. Access to chiropractors, surgeons or surgery facilities had no influence on whether low-back pain patients ended up in surgery.

What do the numbers show?

Results show that 2% of non-rural members had surgery, compared to 6% of rural members – a difference that is not statistically significant.

Note that this method could potentially understate the difference between rural and non-rural residents in that it requires at least an initial consultation with a physician. It is possible that some rural (or urban) residents with back pain did not seek *any* medical care, in which case they would not be included in the study. However, once patients accessed the care system, geography did not prove to be a barrier to receiving surgery.

What can be seen in these patterns of care

As seen by these examples, research results on patterns of care suggest that:

- Location within the measured parameters (i.e. rural vs. non-rural) does not significantly influence the patients' ability to receive care.
- In many cases, rural residents are choosing to receive care farther from their home.
- While rural patients did drive farther for inpatient care, they were not less likely to be compliant with preventive care recommendations when compared to their urban counterparts.
- Rural and urban patients also received treatment for existing conditions at the same rate as seen in the back surgery study.

With patients becoming more mobile, it appears they are more likely to seek care anywhere and at their own convenience. This could spell trouble for smaller, rural facilities. With more than 43% of rural patients choosing to drive by their nearest facility in order to receive care at larger, more distant facilities, it may be difficult for these rural hospitals to remain solvent.

A limitation of this study is that the data are all from BlueCross BlueShield of Tennessee commercial membership. Therefore, it would be inappropriate to draw conclusions about other populations such as the uninsured, TennCare members or Medicare beneficiaries.

It should be noted that this study did not examine the impact that rural facilities have on their communities, either from a clinical or economic standpoint. A hospital can employ many people who live, shop, spend and pay taxes within a community. It can also bring in revenue from outside the community through federal programs such as Medicare, state programs such as Medicaid, and from commercial insurance. The study also did not take into account the clinical consequences of closing a rural facility. There are medical situations and disease conditions for which minutes count — coronary artery disease and acute myocardial infarction, for example.

When examining voluntary choices and the effects of consumer behavior on the health care delivery system, more needs to be studied before any conclusions can be drawn regarding the viability of small or rural hospitals. Questions such as these deserve further analysis and elaboration.

- Is it to be expected that rural hospitals seek to maintain a competitive set of surgical services and capabilities, compared to their urban counterparts?
- What are the factors that patients consider in making their choices in hospital and treatment care?
- If a small hospital closed its doors — and nothing replaced it — what would be the clinical consequences for the local citizens?
- If a small hospital closed its doors — and nothing replaced it — what would be the economic consequences for the community and the local citizens?
- Is it time to review policies that subsidize with tax dollars those facilities that cannot make it on their own? ❖

About the BlueCross BlueShield of Tennessee Health Institute

The BlueCross BlueShield of Tennessee Health Institute was established with the goal of becoming the premier source of information about health care for Tennessee decision makers.

It is committed to providing a fact-based intellectual framework that will contribute to the public discussion on health care and policy development. When possible, the Health Institute will articulate with data the likely implications of health care policy changes on the local market in Tennessee. The mission is to inform interested parties about emerging trends through extensive research and analysis and to become a trusted source for reliable insights.

Appendix

Methodology used to analyze a member's willingness to migrate

Using the commercial claims data warehouse of BlueCross BlueShield of Tennessee, the research extracted all inpatient stays having either an admission or discharge date during the 2009 time period (n = 151,845). Only inpatient stays where the member was age 21 – 75 at the time of service (n= 97,830) were retained. The length of stay was adjusted to only capture the number of stay days occurring in 2009. Using the list of hospital facilities provided by the Tennessee Department of Health, Division of Health Statistics, the facilities were data mapped to the inpatient stay data by cross-referencing the National Provider Indicator (NPI) value. Then all specialty facilities and therefore inpatient stays at psychiatric hospitals, rehab hospitals, children's hospitals, and long-term care facilities were eliminated. Only inpatient stays where the member lived inside Tennessee or a surrounding county (n = 48,405) were retained.

For all distance calculations, the research calculated Euclidean (i.e., straight-line) distance values. Previous work in this area has shown a significantly high correlation between Euclidean distance and drive-time distances within Tennessee and associated inpatient stay data (Jones SG, Ashby AJ, Momin SR, Naidoo A. Spatial Implications Associated with using Euclidean Measurements and Zip Code Centroid Geoimputation Methods in Healthcare Research. 2010. Health Services Research, 45(1):316-327). Distances were calculated from each member to their closest facility, as well as to their admitting facility (note: in some cases, these facilities were the same). If the member's inpatient stay was at a location other than their closest facility, this member was defined as "migrating." Members closest to a rural facility were defined as rural members. Note that distance calculations accounted for the curvature of the earth where:

Distance = 3956 * (2 * arsin(min(1, sqrt((sin(((member_latitude – facility_latitude) * constant('pi')/180)/2)**2) + ((cos(facility_latitude * constant('pi')/180)) * (cos(member_latitude * constant('pi')/180)) * (sin(((member_longitude – facility_longitude) * constant('pi')/180)/2)**2))))))

To determine if migrations were voluntary, the reason for the member's stay was evaluated via the Diagnosis Related Group coding system. Using four years of prior inpatient claims data (2005-2008) from BlueCross BlueShield of Tennessee, DRGs were evaluated for all inpatient stays for all facilities in order to build a reference table. This reference table contained information on all the DRGs that were performed at the facility in question during the look-back period. The assumption was that if a DRG previously occurred at a facility, then this facility is capable of performing the service. If a member migrated beyond their nearby facility and the admitting DRG had been previously performed at their nearby facility, then this stay was defined as a "voluntary migration." This means the patient willingly chose services elsewhere, even though those services could have been performed locally. Frequency tables were constructed in SAS® statistical analysis software to examine the percentage of voluntary and involuntary migrations for rural and non-rural members. Confidence limits (95%) were also constructed though not reported in this brief.

of Tennessee Health Institute
BlueCross BlueShield of Tennessee
1 Cameron Hill Circle | Chattanooga, TN 37402
bcbst.com/health-institute

State of Tennessee

Health Services and Development Agency
Frost Building, 3rd Floor, 161 Rosa L. Parks Boulevard, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364/Fax: 615-741-9884

Ronald W. Hill
Vice President, Business Development
Vanderbilt University Medical Center
3319 West End Avenue, Suite 920
Nashville, TN 37203

RE: Certificate of Need Application CN1309-034
Vanderbilt University Hospitals

Dear Mr. Hill:

This will acknowledge our September 27, 2013 receipt of your supplemental response for a Certificate of Need for the expansion and renovation to the existing third floor operating suite by four operating rooms and by providing shell space for future expansion of two additional operating rooms at 1211 Medical Center Drive, Nashville (Davidson County), TN.

Several items were found which need clarification or additional discussion. Please review the list of questions below and address them as indicated. The questions have been keyed to the application form for your convenience. I should emphasize that an application cannot be deemed complete and the review cycle begun until all questions have been answered and furnished to this office.

Please submit responses in triplicate by 12:00 p.m., Monday, September 30, 2013. If the supplemental information requested in this letter is not submitted by or before this time, then consideration of this application may be delayed into a later review cycle.

---

1. Section B, Project Description, Item 1

   In the Project Costs Chart, four (4) bariatric tables are listed as moveable equipment. Please clarify if the requested operating rooms will be primarily used for bariatric patients. If not, what type of patients will use the requested four (4) ORs? Please provide a projection of surgical cases by specialty in the four (4) operating rooms.

2. **Section C, Need, Item 6**

   The chart of all 2009 inpatient and outpatient surgical volume in attachment C.Need.5 is noted. As previously requested, please provide utilization and/or occupancy trends for each of the most recent three years of data available for this project. A copy of the attachment is enclosed.

   The response to the request to provide information regarding the Vanderbilt surgical suites is noted. However, the intent of the question was to determine if there are any existing operating rooms being underutilized or possibly not in use at Vanderbilt, either inpatient or outpatient. If possible, please provide

a range from the lowest to the highest of the % of scheduled time used in the existing ORs at Vanderbilt.

In accordance with Tennessee Code Annotated, §68-11-1607(c) (5), "...If an application is not deemed complete within sixty (60) days after written notification is given to the applicant by the agency staff that the application is deemed incomplete, the application shall be deemed void." **For this application the sixtieth (60th) day after written notification is November 22, 2013. If this application is not deemed complete by this date, the application will be deemed void.** Agency Rule 0720-10-.03(4) (d) (2) indicates that "Failure of the applicant to meet this deadline will result in the application being considered withdrawn and returned to the contact person. Re-submittal of the application must be accomplished in accordance with Rule 0720-10-.03 and requires an additional filing fee." Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days allowed by the statute. The supplemental information must be submitted with the enclosed affidavit, which shall be executed and notarized; please attach the notarized affidavit to the supplemental information.

If all supplemental information is not received and the application officially deemed complete prior to the beginning of the next review cycle, then consideration of the application could be delayed into a later review cycle. The review cycle for each application shall begin on the first day of the month after the application has been deemed complete by the staff of the Health Services and Development Agency.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. ɔ 68-11-1607(d):

(1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.

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Should you have any questions or require additional information, please contact this office.

Sincerely,

Phillip Earhart
HSD Examiner

Enclosure

2009 Joint Annual Report of Hospitals
Schedule D - Page 12

ID	Hospital	County	Surgery							
			Inpatient				Outpatient			
			Service Provided	Encounters	# O.R.'s	Procedures	Service Provided	Encounters	# Dedicated O.R.'s	Procedures
02214	Heritage Medical Center	Bedford	Yes	367	3	734	Yes	1,550	1	2,066
08214	Stones River Hospital	Cannon	Yes	151	2	12	Yes	595	0	1,176
11204	Centennial Medical Center at Ashland City	Cheatham	No	0	0	0	Yes	175	1	175
14204	Cumberland River Hospital	Clay	Yes	15	0	15	Yes	153	1	168
16214	United Regional Medical Center	Coffee	Yes	0	2	141	Yes	0	3	719
16234	Harton Regional Medical Center	Coffee	Yes	1,962	5	2,118	Yes	4,050	2	5,035
16244	Medical Center of Manchester	Coffee	Yes	- 257	2	264	Yes	720	2	764
18224	Cumberland Medical Center, Inc.	Cumberland	Yes	1,683	9	3,096	No	2,909	0	4,867
19214	Southern Hills Medical Center	Davidson	Yes	1,148	10	1,408	Yes	2,662	10	4,318
19234	Skyline Medical Center Campus	Davidson	No	0	0	0	No	0	0	0
19244	Metropolitan Nashville General Hospital	Davidson	Yes	1,295	9	1,295	Yes	1,780	0	1,780
19254	Baptist Hospital	Davidson	Yes	9,008	26	24,852	Yes	8,054	0	14,023
19274	Saint Thomas Hospital	Davidson	Yes	7,857	18	24,554	Yes	2,885	2	5,360
19284	Vanderbilt University Hospitals	Davidson	Yes	21,283	54	40,462	Yes	18,597	3	30,627
19324	Centennial Medical Center	Davidson	Yes	8,690	33	12,733	Yes	11,571	4	17,845
19334	Skyline Medical Center	Davidson	Yes	2,393	12	0	Yes	3,081	0	0
19344	Summit Medical Center	Davidson	Yes	1,962	10	2,138	Yes	3,797	0	4,299
19354	The Center for Spinal Surgery	Davidson	Yes	1,158	6	1,158	No	2,102	0	2,102
19404	Middle Tennessee Mental Health Institute	Davidson	No	0	0	0	No	0	0	0
19754	Kindred Hospital - Nashville	Davidson	No	0	0	0	No	0	0	0
19764	Vanderbilt Stallworth Rehabilitation Hospital	Davidson	No	0	0	0	No	0	0	0
19784	Select Specialty Hospital - Nashville	Davidson	No	0	0	0	No	0	0	0
21234	DeKalb Community Hospital	Dekalb	Yes	205	3	378	Yes	1,620	0	3,496
22204	Horizon Medical Center	Dickson	Yes	1,365	7	2,730	Yes	3,698	0	5,177
25204	Jamestown Regional Medical Center	Fentress	Yes	0	2	426	Yes	0	1	420
26204	Emerald - Hodgson Hospital	Franklin	No	0	0	0	No	0	0	0
26224	Southern Tennessee Medical Center	Franklin	Yes	0	6	976	Yes	0	0	2,298
28214	Hillside Hospital	Giles	Yes	448	4	0	Yes	1,521	0	0
41214	Hickman Community Hospital	Hickman	No	0	0	0	No	0	0	0
42204	Patient's Choice Medical Center of Erin, TN	Houston	Yes	0	3	0	Yes	28	0	28
43204	Three Rivers Hospital	Humphreys	Yes	1	2	2	Yes	48	0	57
50234	Crockett Hospital	Lawrence	Yes	678	6	678	Yes	2,102	0	2,102
52214	Lincoln Medical Center	Lincoln	Yes	210	2	210	Yes	895	1	895
56204	Macon County General Hospital	Macon	Yes	0	1	0	Yes	218	1	253
59244	Marshall Medical Center	Marshall	Yes	45	2	53	Yes	487	0	541
60224	Maury Regional Hospital	Maury	Yes	3,057	11	6,319	Yes	4,345	2	7,371

Source: Tennessee Department of Health, Division of Health Statistics

2009 Joint Annual Report of Hospitals Schedule D - Page 12			Surgery							
			Inpatient				Outpatient			
ID	Hospital	County	Service Provided	Encounters	# O.R.'s	Procedures	Service Provided	Encounters	# Dedicated O.R.'s	Procedures
63204	Gateway Medical Center	Montgomery	Yes	2,111	10	2,418	Yes	4,095	0	4,650
67214	Livingston Regional Hospital	Overton	Yes	572	3	572	Yes	1,676	4	1,676
68204	Perry Community Hospital	Perry	Yes	4	0	4	Yes	100	1	100
71204	Cookeville Regional Medical Center	Putnam	Yes	2,528	10	3,559	Yes	6,249	0	8,480
74214	NorthCrest Medical Center	Robertson	Yes	1,160	5	1,217	Yes	3,478	0	3,650
75214	Middle Tennessee Medical Center, Inc.	Rutherford	Yes	0	10	3,285	Yes	0	0	4,431
75234	StoneCrest Medical Center	Rutherford	Yes	1,861	7	1,861	Yes	4,467	0	4,467
80204	Riverview Regional Medical Center North	Smith	Yes	0	2	367	Yes	0	1	1,114
80214	Riverview Regional Medical Center South	Smith	No	0	0	0	No	0	0	0
83204	Portland Medical Center	Sumner	No	0	0	0	No	0	0	0
83244	Sumner Regional Medical Center	Sumner	Yes	1,562	6	0	Yes	3,306	2	0
83254	Hendersonville Medical Center	Sumner	Yes	1,769	8	9,123	Yes	6,128	0	15,083
85214	Trousdale Medical Center	Trousdale	Yes	38	1	138	Yes	154	1	167
89234	River Park Hospital	Warren	Yes	690	4	786	Yes	1,922	2	2,009
91214	Wayne Medical Center	Wayne	Yes	18	1	18	No	0	0	0
93204	White County Community Hospital	White	Yes	240	2	240	Yes	1,085	1	1,085
94234	Williamson Medical Center	Williamson	Yes	2,955	11	3,210	Yes	3,527	0	3,608
94804	Rolling Hills Hospital	Williamson	No	0	0	0	No	0	0	0
95204	McFarland Hospital	Wilson	No	0	0	0	No	0	0	0
95224	University Medical Center	Wilson	Yes	2,684	4	0	Yes	5,287	4	0

ORIGINAL-

SUPPLEMENTAL-2

Vanderbilt University Hospitals

CN1309-034

VANDERBILT UNIVERSITY MEDICAL CENTER

Business Development

SEP 30 '13 10:18

SUPPLEMENTAL- # 2
September 30, 2013
10:23am

September 30, 2013

Phillip Earhart
Tennessee Health Services and Development Agency
Frost Building, 3rd Floor
161 Rosa L. Parks Boulevard
Nashville, Tennessee 37243

Dear Mr. Earhart:

Enclosed are an original and two copies of responses to the second set of supplemental questions for Certificate of Need application number CN1309-034 to expand and renovate an existing operating suite.

Respectfully,

Ronald W. Hill, MPH.
Vice President, Business Development

cc: Ms. Melanie Hill
Mr. Mark Farber

3319 West End Avenue
Suite 920 Crystal Terrace
Nashville, TN 37203

www.mc.vanderbilt.edu

SUPPLEMENTAL- # 2
September 30, 2013
10:23am

SEP 30 '13 AM 10:18

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF Davidson

NAME OF FACILITY: Vanderbilt University Hospitals

I, Ronald W. Hill, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

VICE PRESIDENT, BUSINESS DEVELOPMENT

Sworn to and subscribed before me, a Notary Public, this the 30th day of September, 2013, witness my hand at office in the County of Davidson, State of Tennessee.

NOTARY PUBLIC

My commission expires May 5, 2015.

JENNIFER HYGRELL
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

HF-0043

Revised 7/02

SUPPLEMENTAL- # 2
September 30, 2013
10:23am

1. Section B, Project Description, Item 1

In the Project Costs Chart, four (4) bariatric tables are listed as moveable equipment. Please clarify if the requested operating rooms will be primarily used for bariatric patients. If not, what type of patients will use the requested four (4) ORs? Please provide a projection of surgical cases by specialty in the four (4) operating rooms.

Response: The OR tables listed are rated as bariatric tables due to the need to have maximum flexibility in managing obese patients for any service. A variety of surgical cases will be performed in these ORs to include bariatric surgeries. Equipping the four ORs with this level of equipment allows for maximum utilization of the operating rooms. Vanderbilt no longer purchases operating room tables that do not meet obese patient weight bearing design standards.

The operating rooms at VUH are typically in use on an as needed basis and the distribution of cases to rooms occurs on a daily (or even more frequent) basis. Therefore, we have not assigned specialties to specific rooms. Nevertheless, we anticipate that the preponderance of the cases to occupy the rooms will be in the following specialties: general surgery, surgical oncology, and urology. (Prior year inpatient and outpatient volume by specialty for all specialties has been provided in the first supplemental response.) It should be noted that anticipated growth in surgical volume will occur across specialties other than those identified above and the projected growth requires the new operating rooms in order to handle the increasing demand.

2. **Section C, Need, Item 6**

The chart of all 2009 inpatient and outpatient surgical volume in attachment C.Need.5 is noted. As previously requested, please provide utilization and/or occupancy trends for each of the most recent three years of data available for this project. A copy of the attachment is enclosed.

Response: Attached are 2010 and 2011 inpatient and outpatient surgical volumes experienced at area hospitals. These data are from the same source as the 2009 data previously provided. The data were obtained from the Tennessee Department of Health, Division of Health Statistics and represent the most recent summary data available from that office.

The inpatient and outpatient surgical volumes for all VUH surgical specialties over a four year period (FY10-FY13) were provided in the first supplemental response. The data below are extracted from that source and are specific to the specialties identified in the response to Question #1. Recall that even though these specialties are singled out, they will not be uniquely performed in the new rooms. Growth in other surgical specialties will require distribution of the new cases among many operating rooms. For the same reason, there are no prior occupancy trends for the new rooms.

	FY10	FY11	FY12	FY13
Inpatient	1,195	1,258	1,270	1,277
Outpatient	1,071	1,159	1,224	1,162
General Surgery	**2,266**	**2,417**	**2,494**	**2,439**
Inpatient	515	534	535	600
Outpatient	1,160	1,344	1,468	1,702
Surgical Oncology	**1,675**	**1,878**	**2,003**	**2,302**
Inpatient	1,546	1,438	1,364	1,317
Outpatient	1,748	1,745	2,266	2,234
Urology	**3,294**	**3,183**	**3,630**	**3,551**

The response to the request to provide information regarding the Vanderbilt surgical suites is noted. However, the intent of the question was to determine if there are any existing operating rooms being underutilized or possibly not in use at Vanderbilt, either inpatient or outpatient. If possible, please provide a range from the lowest to the highest of the % of scheduled time used in the existing ORs at Vanderbilt.

Response: There are no VUH existing operating rooms underutilized and, with the exception of a room occasionally out of service for renovation or upgrade, there are no operating rooms not in use. The annual budget for the operating rooms is developed with the assumption of staffing all rooms.

A chart in the response to the first set of supplemental questions indicated an 83.3% average utilization of 50 operating rooms using the method of calculation provided. One operating room, separately identified, had a utilization of 65.1% due to the fact that it is typically used for highly specialized interventional brochoscopic surgeries. The latter room can be considered to represent the lowest utilization percent of scheduled time and most rooms can be considered to achieve at least as high as the 83.3% average utilization with some rooms utilized at a higher rate in order to produce the 83.3% average.

2010 Joint Annual Report of Hospitals
Schedule D - Page 12

ID	Hospital	County	Surgery: Inpatient: Service Provided	Inpatient: Encounters	Inpatient: # O.R.'s	Inpatient: Procedures	Outpatient: Service Provided	Outpatient: Encounters	Outpatient: # Dedicated O.R.'s	Outpatient: Procedures
02214	Heritage Medical Center	Bedford	Yes	0	3	0	Yes	1,738	1	2,325
08214	Stones River Hospital	Cannon	Yes	165	2	194	Yes	634	0	1,194
11204	Centennial Medical Center at Ashland City	Cheatham	No	0	0	0	Yes	146	1	146
14204	Cumberland River Hospital	Clay	No	0	0	0	No	0	0	0
16214	United Regional Medical Center	Coffee	Yes	162	2	174	Yes	1,328	3	1,426
16234	Harton Regional Medical Center	Coffee	Yes	2,210	5	2,322	Yes	4,525	2	5,576
16244	Medical Center of Manchester	Coffee	Yes	234	2	252	Yes	493	2	541
18224	Cumberland Medical Center	Cumberland	Yes	1,472	9	2,934	No	2,690	0	4,669
19214	Southern Hills Medical Center	Davidson	Yes	969	10	1,246	Yes	2,344	10	4,692
19234	Skyline Medical Center Campus	Davidson	No	0	0	0	No	0	0	0
19244	Metro Nashville General Hospital	Davidson	Yes	1,629	9	1,785	Yes	2,438	0	2,593
19254	Baptist Hospital	Davidson	Yes	6,253	26	21,268	Yes	8,291	0	15,129
19274	Saint Thomas Hospital	Davidson	Yes	7,624	18	27,175	Yes	3,084	2	5,852
19284	Vanderbilt University Hospitals	Davidson	Yes	21,633	61	43,346	Yes	23,674	6	39,399
19324	Centennial Medical Center	Davidson	Yes	7,131	33	9,939	Yes	3,858	4	4,566
19334	Skyline Medical Center	Davidson	Yes	2,266	12	0	Yes	2,906	0	0
19344	Summit Medical Center	Davidson	Yes	1,988	0	2,195	Yes	3,515	0	4,167
19354	The Center for Spinal Surgery	Davidson	Yes	1,273	6	1,273	Yes	2,200	0	2,200
19404	Middle Tennessee Mental Health Institute	Davidson	No	0	0	0	No	0	0	0
19754	Kindred Hospital - Nashville	Davidson	No	0	0	0	No	0	0	0
19764	Vanderbilt Stallworth Rehabilitation Hospital	Davidson	No	0	0	0	No	0	0	0
19784	Select Specialty Hospital - Nashville	Davidson	No	0	0	0	No	0	0	0
21234	DeKalb Community Hospital	DeKalb	Yes	141	3	158	Yes	1,439	0	1,574
22204	Horizon Medical Center	Dickson	Yes	1,417	7	2,834	Yes	3,018	0	4,225
25204	Jamestown Regional Medical Center	Fentress	Yes	0	2	287	Yes	0	1	402
26204	Emerald - Hodgson Hospital	Franklin	No	0	0	0	No	0	0	0
26224	Southern Tennessee Medical Center	Franklin	Yes	964	6	964	Yes	2,180	0	2,180
28214	Hillside Hospital	Giles	Yes	388	4	407	Yes	1,567	0	1,768
41214	Hickman Community Hospital	Hickman	No	0	0	0	No	0	0	0
42204	Patients' Choice Medical center of Erin	Houston	Yes	0	3	0	Yes	56	0	56
43204	Three Rivers Hospital	Humphreys	Yes	1	2	1		50	0	60
50234	Crockett Hospital	Lawrence	Yes	642	6	642	Yes	1,688	0	1,688
52214	Lincoln Medical Center	Lincoln	Yes	295	2	295	Yes	719	0	719
56204	Macon County General Hospital	Macon	Yes	10	1	14	Yes	337	1	352
59244	Marshall Medical Center	Marshall	Yes	23	2	32	Yes	438	0	499
60224	Maury Regional Hospital	Maury	Yes	3,442	11	6,591	Yes	4,833	2	8,282
63204	Gateway Medical Center	Montgomery	Yes	2,116	12	2,571	Yes	4,144	0	4,979
63404	Behavioral Healthcare Center at Clarksville	Montgomery	No	0	0	0	No	0	0	0
67214	Livingston Regional Hospital	Overton	Yes	521	3	521	Yes	1,630	4	1,630
68204	Perry Community Hospital	Perry	Yes	3	1	3	Yes	98	1	98
71204	Cookeville Regional Medical Center	Putnam	Yes	2,827	10	4,131	Yes	6,153	0	8,074
74214	NorthCrest Medical Center	Robertson	Yes	906	5	1,107	Yes	4,092	0	5,243
75214	Middle Tennessee Medical Center	Rutherford	Yes	3,177	10	0	Yes	4,326	0	0
75234	StoneCrest Medical Center	Rutherford	Yes	1,644	7	1,644	Yes	4,211	0	4,211
80204	Riverview Regional Medical Center North	Smith	Yes	178	2	178	Yes	780	1	780
80214	Riverview Regional Medical Center South	Smith	No	0	0	0	No	0	0	0
83204	Portland Medical Center	Sumner	No	0	0	0	No	0	0	0
83244	Sumner Regional Medical Center	Sumner	Yes	1,713	7	12,555	Yes	3,373	0	3,945
83254	Hendersonville Medical Center	Sumner	Yes	1,538	8	8,217	Yes	6,127	0	13,719
85214	Trousdale Medical Center	Trousdale	Yes	5	1	19	Yes	21	1	22
89234	River Park Hospital	Warren	Yes	570	4	780	Yes	1,477	2	2,115
91214	Wayne Medical Center	Wayne	Yes	9	1	9	No	0	0	0
93204	White County Community Hospital	White	Yes	306	2	306	Yes	1,211	1	1,211
94234	Williamson Medical Center	Williamson	Yes	3,010	11	3,109	Yes	3,813	0	3,862
94804	Rolling Hills Hospital	Williamson	No	0	0	0	No	0	0	0
95204	McFarland Hospital	Wilson	No	0	0	0	No	0	0	0
95224	University Medical Center	Wilson	Yes	2,368	4	2,596	Yes	5,147	4	5,646

Source: Tennessee Department of Health, Division of Health Statistics

2011 Joint Annual Report of Hospitals
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ID	Hospital	County	Surgery: Inpatient Service Provided	Inpatient Encounters	Inpatient # O.R.'s	Inpatient Procedures	Outpatient Service Provided	Outpatient Encounters	Outpatient # Dedicated O.R.'s	Outpatient Procedures
02214	Heritage Medical Center	Bedford	No	0	3	0	Yes	2349	1	2656
08214	Stones River Hospital	Cannon	Yes	128	2	165	Yes	490	0	868
11204	Centennial Medical Center at Ashland City	Cheatham	No	0	0	0	Yes	130	1	142
14204	Cumberland River Hospital	Clay	No	0	0	0	Yes	0	0	0
16214	United Regional Medical Center	Coffee	Yes	90	2	123	Yes	533	3	1106
16234	Harton Regional Medical Center	Coffee	Yes	2223	7	2545	Yes	5816	2	6717
16244	Medical Center of Manchester	Coffee	Yes	222	2	257	Yes	492	2	572
18224	Cumberland Medical Center	Cumberland	Yes	1283	9	2497	Yes	2693	0	4946
19214	Southern Hills Medical Center	Davidson	Yes	883	10	1068	Yes	2275	10	2657
19234	Skyline Medical Center Campus	Davidson	No	0	0	0	No	0	0	0
19244	Metro Nashville General Hospital	Davidson	Yes	1645	9	1836	Yes	2716	0	3008
19254	Baptist Hospital	Davidson	Yes	9387	26	22875	Yes	7601	2	14319
19274	Saint Thomas Hospital	Davidson	Yes	7662	18	25978	Yes	3580	2	6574
19284	Vanderbilt University Hospitals	Davidson	Yes	22242	62	46436	Yes	25631	5	43705
19324	Centennial Medical Center	Davidson	Yes	7377	37	10964	Yes	10817	0	16456
19334	Skyline Medical Center	Davidson	Yes	2113	12	2141	Yes	2769	0	2748
19344	Summit Medical Center	Davidson	Yes	2455	12	2611	Yes	2932	0	3525
19354	The Center for Spinal Surgery	Davidson	Yes	1127	6	1127	Yes	2336	0	2336
19404	Middle Tennessee Mental Health Institute	Davidson	No	0	0	0	No	0	0	0
19754	Kindred Hospital - Nashville	Davidson	No	0	0	0	No	0	0	0
19764	Vanderbilt Stallworth Rehabilitation Hospital	Davidson	No	0	0	0	No	0	0	0
19784	Select Specialty Hospital - Nashville	Davidson	No	0	0	0	No	0	0	0
21234	DeKalb Community Hospital	DeKalb	Yes	118	3	118	Yes	1142	0	1171
22204	Horizon Medical Center	Dickson	Yes	1381	7	2762	Yes	3020	0	4228
25204	Jamestown Regional Medical Center	Fentress	Yes	0	2	140	Yes	0	0	853
26204	Emerald - Hodgson Hospital	Franklin	No	0	0	0	No	0	0	0
26224	Southern Tennessee Medical Center	Franklin	Yes	865	6	865	Yes	2018	0	2018
28214	Hillside Hospital	Giles	Yes	188	4	197	Yes	1250	0	1388
41214	Hickman Community Hospital	Hickman	No	0	1	0	Yes	276	1	276
42204	Patients' Choice Medical Center of Erin	Houston	Yes	0	3	0	Yes	48	0	48
43204	Three Rivers Hospital	Humphreys	Yes	2	2	3	Yes	45	0	53
50234	Crockett Hospital	Lawrence	Yes	307	6	307	Yes	791	0	761
52214	Lincoln Medical Center	Lincoln	Yes	292	2	292	Yes	770	0	770
56204	Macon County General Hospital	Macon	No	27	1	35	Yes	697	1	733
59244	Marshall Medical Center	Marshall	Yes	3	2	4	Yes	358	0	422
60224	Maury Regional Hospital	Maury	Yes	3626	11	6910	Yes	4451	2	7522
60404	Behavioral Healthcare Center at Columbia	Maury	No	0	0	0	No	0	0	0
63204	Gateway Medical Center	Montgomery	Yes	2088	12	2242	Yes	4189	0	4587
63404	Behavioral Healthcare Center at Clarksville	Montgomery	No	0	0	0	No	0	0	0
67214	Livingston Regional Hospital	Overton	Yes	374	3	374	Yes	1578	4	1578
68204	Perry Community Hospital	Perry	No	0		0	Yes	73	1	73
71204	Cookeville Regional Medical Center	Putnam	Yes	2941	10	4197	Yes	6664	0	7220
74214	Northcrest Medical Center	Robertson	Yes	824	5	906	Yes	4268		4908
75214	Middle Tennessee Medical Center	Rutherford	Yes	4152	12	8922	Yes	3927	0	6625
75234	StoneCrest Medical Center	Rutherford	Yes	1630	7	1630	Yes	4350	0	4350
80204	Riverview Regional Medical Center North	Smith	Yes	161	2	161	Yes	749	1	749
80214	Riverview Regional Medical Center South	Smith	No	0	0	0	No	0	0	0
83204	Portland Medical Center	Sumner	No	0	0	0	No	0	0	0
83244	Sumner Regional Medical Center	Sumner	Yes	1879	6	1879	Yes	3007	0	3007
83254	Hendersonville Medical Center	Sumner	Yes	1177	8	2858	Yes	2779	0	5106
85214	Trousdale Medical Center	Trousdale	No	0	0	0	No	0	0	0
89234	River Park Hospital	Warren	Yes	545	4	701	Yes	1129	2	1712
91214	Wayne Medical Center	Wayne	Yes	0	1	0	No	0	0	4
93204	White County Community Hospital	White	Yes	295	2	295	Yes	1165	1	1165
94234	Williamson Medical Center	Williamson	Yes	2940	11	3156	Yes	4028	0	4176
94804	Rolling Hills Hospital	Williamson	No	0	0	0	No	0	0	0
95204	McFarland Hospital	Wilson	No	0	0	0	No	0	0	0
95224	University Medical Center	Wilson	Yes	2398	4	2435	Yes	5212	4	5518